

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

In re:	§	Chapter 11
	§	
THE LASALLE GROUP, INC., <i>et al.</i> , <sup>1</sup>	§	Case No. 19-31484
	§	
Debtors.	§	(Jointly Administered)

**GLOBAL NOTES, METHODOLOGY AND SPECIFIC  
DISCLOSURES REGARDING THE DEBTORS' SCHEDULES OF  
ASSETS AND LIABILITIES AND STATEMENT OF FINANCIAL AFFAIRS**

**Introduction**

The LaSalle Group, Inc., West Houston Memory Care, LLC, Cinco Ranch Memory Care, LLC, Pearland Memory Care, LLC and Riverstone Memory Care, LLC (collectively, the “**Debtors**”) with the assistance of their advisors, have filed their respective Schedules of Assets and Liabilities (the “**Schedules**”) and Statements of Financial Affairs (the “**Statements**,” and together with the Schedules, the “**Schedules and Statements**”) with the United States Bankruptcy Court for the Northern District of Texas (the “**Bankruptcy Court**”), pursuant to section 521 of title 11 of the United States Code (the “**Bankruptcy Code**”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”).

These Global Notes, Methodology, and Specific Disclosures Regarding the Debtors’ Schedules of Assets and Liabilities and Statement of Financial Affairs (the “**Global Notes**”) pertain to, are incorporated by reference in, and comprise an integral part of each Debtor’s Schedules and Statements. The Global Notes should be referred to, considered, and reviewed in connection with any review of the Schedules and Statements.

The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“**GAAP**”), nor are they intended to be fully reconciled with the financial statements of each Debtor (whether publicly filed or otherwise). Additionally, the Schedules and Statements contain unaudited information that is subject to further review and potential adjustment, and reflect the Debtors’ reasonable efforts to report the assets and liabilities of each Debtor on an unconsolidated basis.

In preparing the Schedules and Statements, the Debtors relied upon information derived from their books and records that was available at the time of such preparation. Although the Debtors have made reasonable efforts to ensure the accuracy and completeness

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<sup>1</sup> The Debtors in the Chapter 11 cases, along with the last four digits of each Debtor’s federal tax identification number, are set forth in the Order (I) Directing Joint Administration of Chapter 11 Cases, and (II) Granting Related Relief [Docket No. 35] and may also be found on the Debtors’ claims agent’s website at <https://www.donlinrecano.com/lasalle>. The Debtors’ mailing address is 545 E. John Carpenter Freeway, Suite 500, Irving, Texas 75062.

of such financial information, inadvertent errors or omissions, as well as the discovery of conflicting, revised, or subsequent information, may cause a material change to the Schedules and Statements.

The Debtors and their officers, employees, agents, attorneys, and financial advisors do not guarantee or warrant the accuracy or completeness of the data that is provided in the Schedules and Statements and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating or delivering the information contained in the Schedules and Statements. Except as expressly required by the Bankruptcy Code, the Debtors and their officers, employees, agents, attorneys and financial advisors expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided in the Schedules and Statements or to notify any third party should the information be updated, modified, revised, or re-categorized. The Debtors, on behalf of themselves, their officers, employees, agents and advisors disclaim any liability to any third party arising out of or related to the information contained in the Schedules and Statements and reserve all rights with respect thereto.

The Schedules and Statements have been signed by an authorized representative of each of the Debtors. In reviewing and signing the Schedules and Statements, this representative relied upon the efforts, statements and representations of the Debtors' other personnel and professionals. The representative has not (and could not have) personally verified the accuracy of each such statement and representation, including, for example, statements and representations concerning amounts owed to creditors and their addresses.

### **Global Notes and Overview of Methodology**

1. **Reservation of Rights.** Reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements; however, inadvertent errors or omissions may exist. The Debtors reserve all rights to amend or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate, including, without limitation, the right to amend the Schedules and Statements with respect to any claim ("**Claim**") description, designation, or Debtor against which the Claim is asserted; dispute or otherwise assert offsets or defenses to any Claim reflected in the Schedules and Statements as to amount, liability, priority, status, or classification; subsequently designate any Claim as "disputed," "contingent," or "unliquidated;" or object to the extent, validity, enforceability, priority, or avoidability of any Claim. Any failure to designate a Claim in the Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtors that such Claim or amount is not "disputed," "contingent," or "unliquidated." Listing a Claim does not constitute an admission of liability by the Debtor against which the Claim is listed or against any of the Debtors. Furthermore, nothing contained in the Schedules and Statements shall constitute a waiver of rights with respect to the Debtors' chapter 11 cases, including, without limitation, issues involving Claims, substantive consolidation, defenses, equitable subordination, recharacterization, and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code, and any other relevant non-bankruptcy laws to recover assets or avoid transfers. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general

reservation of rights contained in this paragraph. Notwithstanding the foregoing, the Debtors shall not be required to update the Schedules and Statements.

The listing in the Schedules or Statements (including, without limitation, Schedule A/B, Schedule E/F or Statement 4) by the Debtors of any obligation between a Debtor and another Debtor is a statement of what appears in the Debtors' books and records and does not reflect any admission or conclusion of the Debtors regarding whether such amount would be allowed as a Claim or how such obligations may be classified and/or characterized in a plan of reorganization or by the Bankruptcy Court.

2. **Description of Cases and "as of" Information Date.** On May 2, 2019 (the "**Petition Date**"), the Debtors filed voluntary petitions for relief under chapter 11 of the Bankruptcy Code. The Debtors are operating their businesses and managing their properties as debtors in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. On May 7, 2019, the Bankruptcy Court entered an order directing procedural consolidation and joint administration of the Debtors' chapter 11 cases [Docket No. 35].

**The asset information provided in the Schedules and Statements, except as otherwise noted, represents the asset data of the Debtors as of April 30, 2019, and the liability information provided herein, except as otherwise noted, represents the liability data of the Debtors as of May 2, 2019.**

3. **Net Book Value of Assets.** It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtors to obtain current market valuations for all of their assets. Accordingly, unless otherwise indicated, the Debtors' Schedules and Statements reflect net book values as of April 30, 2019, in the Debtors' books and records. Additionally, because the book values of certain assets, may materially differ from their fair market values, they may be listed as undetermined amounts as of the Petition Date. Furthermore, as applicable, assets that have fully depreciated or were expensed for accounting purposes may not appear in the Schedules and Statements if they have no net book value.
4. **Recharacterization.** Notwithstanding the Debtors' reasonable efforts to properly characterize, classify, categorize, or designate certain Claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements, the Debtors may, nevertheless, have improperly characterized, classified, categorized, designated, or omitted certain items due to the complexity and size of the Debtors' businesses. Accordingly, the Debtors reserve all of their rights to recharacterize, reclassify, recategorize, redesignate, add, or delete items reported in the Schedules and Statements at a later time as is necessary or appropriate as additional information becomes available, including, without limitation, whether contracts or leases listed herein were deemed executory or unexpired as of the Petition Date and remain executory and unexpired postpetition.
5. **Real Property and Personal Property-Leased.** In the ordinary course of their businesses, the Debtors leased real property and various articles of personal property, including, fixtures, and equipment, from certain third-party lessors. The Debtors have made reasonable efforts to list all such leases in the Schedules and Statements. The Debtors have made reasonable efforts to include lease obligations on Schedule D (secured

debt) to the extent applicable and to the extent the lessor filed a UCC-1. However, nothing in the Schedules or Statements is or shall be construed as an admission or determination as to the legal status of any lease (including whether to assume and assign or reject such lease or whether it is a true lease or a financing arrangement).

6. **Excluded Assets and Liabilities.** The Debtors have sought to allocate liabilities between the prepetition and post-petition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and post-petition periods may change.

The liabilities listed on the Schedules do not reflect any analysis of Claims under section 503(b)(9) of the Bankruptcy Code. Accordingly, the Debtors reserve all of their rights to dispute or challenge the validity of any asserted Claims under section 503(b)(9) of the Bankruptcy Code or the characterization of the structure of any such transaction or any document or instrument related to any creditor's Claim.

The Debtors have excluded certain categories of assets, tax accruals, and liabilities from the Schedules and Statements, including, without limitation, goodwill, accrued salaries, employee benefit accruals, and deferred gains. In addition, certain immaterial assets and liabilities may have been excluded.

The Bankruptcy Court has authorized the Debtors to pay, in their discretion, certain outstanding Claims on a post-petition basis. Prepetition liabilities which have been paid post-petition have been excluded from the Schedules and Statements. To the extent the Debtors pay any of the claims listed in the Schedules and Statements pursuant to any orders entered by the Bankruptcy Court, the Debtors reserve all rights to amend and supplement the Schedules and Statements and take other action, such as filing claims objections, as is necessary and appropriate to avoid overpayment or duplicate payment for such liabilities.

7. **Insiders.** Solely, for purposes of the Schedules and Statements, the Debtors define "insiders" to include the following: (a) directors; (b) senior level officers; (c) equity holders holding in excess of 5% of the voting securities of the Debtor entities; (d) non-debtor affiliates; and (e) relatives of any of the foregoing (to the extent known by the Debtors). Entities listed as "insiders" have been included for informational purposes and their inclusion shall not constitute an admission that those entities are insiders for purposes of section 101(31) of the Bankruptcy Code.
8. **Intellectual Property Rights.** The exclusion of any intellectual property shall not be construed as an admission that such intellectual property rights have been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction. Conversely, inclusion of certain intellectual property shall not be construed to be an admission that such intellectual property rights have not been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction.
9. **Intercompany and Other Transactions.** For certain reporting and internal accounting purposes, the Debtors record certain intercompany receivables and payables. Receivables and payables among the Debtors and its non-debtor affiliates are reported as assets on

Schedule A/B 77 or liabilities on Schedule E/F part 2, as appropriate (collectively, the “*Intercompany Claims*”). Intercompany Claims are reported as of April 30, 2019, updated, where practical, to reflect values as of the Petition Date for accounts that have had material changes since April 30, 2019. While the Debtors have used commercially reasonable efforts to ensure that the proper intercompany balance is attributed to each legal entity, the Debtors and their estates reserve all rights to amend the Intercompany Claims in the Schedules and Statements, including, without limitation, to change the characterization, classification, categorization or designation of such claims, including, but not limited to, the right to assert that any or all Intercompany Claims are, in fact, consolidated or otherwise properly assets or liabilities of a different Debtor entity. Although separate Schedules and Statements have been prepared and filed for each of the Debtors, certain of the information set forth in the Schedules and Statements has been prepared on a consolidated basis. As a result, the Schedules and Statements may not reflect all intercompany activity.

- 10. Executory Contracts and Unexpired Leases.** Although the Debtors made diligent attempts to attribute executory contracts and unexpired leases to their rightful Debtors, in certain instances, the Debtors may have inadvertently failed to do so due to the complexity and size of the Debtors’ businesses.

Moreover, other than real property leases reported in Schedule A/B 55, the Debtors have not necessarily set forth executory contracts and unexpired leases as assets in the Schedules and Statements, even though these contracts and leases may have some value to the Debtors’ estates. The Debtors’ executory contracts and unexpired leases have been set forth in Schedule G.

- 11. Materialman’s/Mechanic’s Liens.** The assets listed in the Schedules and Statements are presented without consideration of any materialman’s or mechanic’s liens.

- 12. Classifications.** Listing a Claim or contract on (a) Schedule D as “secured,” (b) Schedule E/F part 1 as “priority,” (c) Schedule E/F part 2 as “unsecured,” or (d) Schedule G as “executory” or “unexpired,” does not constitute an admission by the Debtors of the legal rights of the Claimant, or a waiver of the Debtors’ rights to recharacterize or reclassify such Claims or contracts or leases or to exercise their rights to setoff against such Claims.

- 13. Claims Description.** Schedules D and E/F permit each Debtor to designate a Claim as “disputed,” “contingent,” and/or “unliquidated.” Any failure to designate a Claim on a given Debtor’s Schedules and Statements as “disputed,” “contingent,” or “unliquidated” does not constitute an admission by that Debtor that such amount is not “disputed,” “contingent,” or “unliquidated,” or that such Claim is not subject to objection. Moreover, listing a Claim does not constitute an admission of liability by the Debtors.

- 14. Causes of Action.** Despite their reasonable efforts to identify all known assets, the Debtors may not have listed all of their causes of action or potential causes of action against third-parties as assets in the Schedules and Statements, including, without limitation, causes of actions arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. The Debtors reserve all of their rights with respect to any cause of action (including avoidance actions), controversy, right of setoff, cross-Claim, counter-Claim, or

recoupment and any Claim on contracts or for breaches of duties imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license, and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertable directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law, or in equity, or pursuant to any other theory of law (collectively, “**Causes of Action**”) they may have, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any Claims or Causes of Action or in any way prejudice or impair the assertion of such Claims or Causes of Action.

**15. Summary of Significant Reporting Policies.** The following is a summary of significant reporting policies:

- a. Undetermined Amounts. The description of an amount as “unknown,” “TBD” or “undetermined” is not intended to reflect upon the materiality of such amount.
- b. Totals. All totals that are included in the Schedules and Statements represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total.
- c. Liens. Property and equipment listed in the Schedules and Statements are presented without consideration of any liens that may attach (or have attached) to such property and equipment.

**16. Estimates and Assumptions.** Because of the timing of the filings, management was required to make certain estimates and assumptions that affected the reported amounts of these assets and liabilities. Actual amounts could differ from those estimates, perhaps materially.

**17. Currency.** Unless otherwise indicated, all amounts are reflected in U.S. dollars.

**18. Intercompany.** The listing in the Schedules or Statements (including, without limitation, Schedule A/B or Schedule E/F) by the Debtors of any obligation between a Debtor and another Debtor or a non-debtor affiliate is a statement of what appears in the Debtors’ books and records and does not reflect any admission or conclusion of the Debtors regarding whether such amount would be allowed as a Claim or how such obligations may be classified and/or characterized in a plan of reorganization or by the Bankruptcy Court.

**19. Setoffs.** The Debtors incur certain offsets and other similar rights during the ordinary course of business. Offsets in the ordinary course can result from various items, including, without limitation, intercompany transactions, pricing discrepancies, returns, refunds, warranties, debit memos, credits, and other disputes between the Debtors and their suppliers and/or customers. These offsets and other similar rights are consistent

with the ordinary course of business in the Debtors' industry and are not tracked separately. Therefore, although such offsets and other similar rights may have been accounted for when certain amounts were included in the Schedules, offsets are not independently accounted for, and as such, are or may be excluded from the Debtors' Schedules and Statements.

**20. Resident Names and Addresses.** Resident names and addresses have been removed from the entries listed on the Schedules and Statements and have been replaced with reference to a unique resident number. Such redacted information is available upon request of the Office of the United States Trustee and the Bankruptcy Court. The Debtors will mail any required notice or other documents to the responsible parties' that have been designated by the residents for making medical, legal, and financial decisions.

**21. Global Notes Control.** If the Schedules and Statements differ from these Global Notes, the Global Notes shall control.

### **Specific Disclosures with Respect to the Debtors' Schedules**

**Schedule A/B.** All values set forth in Schedule A/B reflect the book value of the Debtors' assets as of April 30, 2019, unless otherwise noted below. Other than real property leases reported on Schedule A/B 55, the Debtors have not included leases and contracts on Schedule A/B. Leases and contracts are listed on Schedule G.

**Schedule A/B 3.** Cash values held in financial accounts are listed on Schedule A/B 3 as of May 2, 2019. Details with respect to the Debtors' cash management system and bank accounts are provided in the *Debtors' Emergency Motion Pursuant To Sections 105(A), 345(B), 363(C), And 364(A) Of The Bankruptcy Code For Authorization To (I) Continue To Use Existing Cash Management System, (II) Maintain Existing Bank Accounts, And (III) Waive Certain Deposit Guidelines* [Docket No. 9] (the "**Cash Management Motion**").

**Schedule A/B 11.** Accounts receivable do not include intercompany receivables. Intercompany receivables are reported in Schedule A/B 77.

**Schedule A/B 15.** Ownership interests in subsidiaries have been listed in Schedules A/B 15 as an undetermined amount because the fair market value of such ownership is dependent on numerous variables and factors and likely differs significantly from their net book value.

**Schedule A/B 55.** The Debtors have listed owned real property in Schedule A/B 55. The Debtors have also listed their real property leases in Schedule A/B 55.

**Schedule A/B 63.** The Debtors maintain a resident mailing list. The amount is listed as undetermined because the fair market value of such ownership cannot be determined.

**Schedule A/B 74 & 75.** In the ordinary course of their businesses, the Debtors may have accrued, or may subsequently accrue, certain rights to counter-Claims, setoffs, refunds, or warranty Claims. Additionally, certain of the Debtors may be a party to

pending litigation in which the Debtors have asserted, or may assert, Claims as a plaintiff or counter-Claims as a defendant. Because such Claims are unknown to the Debtors and not quantifiable as of the Petition Date, they are not listed on Schedule A/B 74 or 75. The Debtors' failure to list any contingent and/or unliquidated claim held by the Debtors in response to these questions shall not constitute a waiver, release, relinquishment, or forfeiture of such claim.

**Schedule D.** The Claims listed on Schedule D arose or were incurred on various dates; a determination of the date upon which each Claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all such dates are included. All Claims listed on Schedule D, however, appear to have been incurred before the Petition Date.

Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent, and priority of liens. Nothing in the Global Notes or the Schedules and Statements shall be deemed a modification or interpretation of the terms of such agreements. Except as specifically stated on Schedule D, real property lessors, utility companies, and other parties that may hold security deposits have not been listed on Schedule D. Nothing herein shall be construed as an admission by the Debtors of the legal rights of the Claimant or a waiver of the Debtors' rights to recharacterize or reclassify such Claim or contract.

Moreover, the Debtors have not included on Schedule D parties that may believe their Claims are secured through setoff rights, letters of credit, surety bonds, or inchoate statutory lien rights.

**Schedule E/F part 2.** The Debtors have used reasonable efforts to report all general unsecured Claims against the Debtors on Schedule E/F part 2, based upon the Debtors' books and records as of the Petition Date.

Determining the date upon which each Claim on Schedule E/F part 2 was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtors do not list a date for each Claim listed on Schedule E/F part 2. Furthermore, claims listed on Schedule E/F part 2 may have been aggregated by unique creditor name and remit to address and may include several dates of incurrence for the aggregate balance listed.

Schedule E/F part 2 contains information regarding pending litigation involving the Debtors. The dollar amount of potential Claims associated with any such pending litigation is listed as "undetermined" and marked as contingent, unliquidated, and disputed in the Schedules and Statements. Some of the litigation Claims listed on Schedule E/F may be subject to subordination pursuant to section 510 of the Bankruptcy Code. Schedule E/F part 2 also includes potential or threatened litigation claims. Any information contained in Schedule E/F part 2 with respect to such potential litigation shall not be a binding representation of the Debtors' liabilities with respect to any of the potential suits and proceedings included therein. The Debtors expressly incorporate by reference into Schedule E/F part 2 all parties to pending litigation listed in the Debtors' Statements 7, as contingent, unliquidated, and disputed claims, to the extent not already listed on Schedule E/F part 2.

Schedule E/F part 2 reflects the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption, or assumption and assignment, of executory contracts or



unexpired leases. Additionally, Schedule E/F part 2 does not include potential rejection damage Claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

In addition, to the extent a vendor or supplier invoices The LaSalle Group, Inc. directly for goods and services provided to the other Debtors, the Debtors have listed such vendor or supplier in Schedule E/F part 2 as either: (i) "The LaSalle Group, Inc. for the benefit of [vendor/supplier name];" (ii) "Lake Superior Contracting, LP for the benefit of"; (iii) TLG Family Management, for the benefit of"; (iv) The LaSalle Group, Inc. d/b/a Autumn Leaves"; or (v) "The LaSalle Group Inc. d/b/a Constant Care Family Management". Accordingly, if a vendor or supplier cannot locate their name ALPHA sorted in Schedule E/F Part 2, they should review the section of Schedule E/F, part 2 beginning with the ALPHA sort as listed in items (i) through (v) above.

**Schedule G.** Certain information, such as the contact information of the counter-party, may not be included where such information could not be obtained using the Debtors' reasonable efforts. Listing or omitting a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is or is not an executory contract or unexpired lease, was in effect on the Petition Date, or is valid or enforceable. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth separately on Schedule G.

Certain confidentiality and non-disclosure agreements may not be listed on Schedule G.

Certain of the contracts and agreements listed on Schedule G may consist of several parts, including, purchase orders, amendments, restatements, waivers, letters, and other documents that may not be listed on Schedule G or that may be listed as a single entry. In some cases, the same supplier or provider appears multiple times on Schedule G. This multiple listing is intended to reflect distinct agreements between the applicable Debtor and such supplier or provider. The Debtors expressly reserve their rights to challenge whether such related materials constitute an executory contract, a single contract or agreement, or multiple, severable or separate contracts.

The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, memoranda and other documents, instruments, and agreements that may not be listed therein despite the Debtors' use of reasonable efforts to identify such documents. Further, unless otherwise specified on Schedule G, each executory contract or unexpired lease listed thereon shall include all exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements, or other agreements made directly or indirectly by any agreement, instrument, or other document that in any manner affects such executory contract or unexpired lease, without respect to whether such agreement, instrument, or other document is listed thereon.

In addition, the Debtors may have entered into various other types of agreements in the ordinary course of their businesses, such as subordination, nondisturbance, and attornment agreements, supplemental agreements, settlement agreements, amendments/letter agreements,

title agreements and confidentiality agreements. Such documents may not be set forth on Schedule G. Certain of the executory agreements may not have been memorialized and could be subject to dispute. Executory agreements that are oral in nature have not been included on the Schedule G.

**Schedule H.** For purposes of Schedule H, the Debtors that are either the principal obligors or guarantors under the prepetition debt facilities are listed as Co-Debtors on Schedule H. The Debtors may not have identified certain guarantees associated with the Debtors' executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements.

In the ordinary course of their businesses, the Debtors may be involved in pending or threatened litigation. These matters may involve multiple plaintiffs and defendants, some or all of whom may assert cross-Claims and counter-Claims against other parties. Because the Debtors have treated all such Claims as contingent, disputed, or unliquidated, such Claims have not been set forth individually on Schedule H. Litigation matters can be found on each Debtor's Schedule E/F part 2 and Statement 7, as applicable.

#### **Specific Disclosures with Respect to the Debtors' Statements**

**Statement 3.** Statement 3 includes any disbursement or other transfer made by the Debtors within 90 days before the Petition Date except for those made to insiders (which payments appear in response to Statement question 4), employees, and bankruptcy professionals (which payments appear in Statement 11 and include any retainers paid to bankruptcy professionals). The amounts listed in Statement 3 reflect the Debtors' disbursements netted against any check level detail; thus, to the extent a disbursement was made to pay for multiple invoices, only one entry has been listed on Statement 3.

**Statement 4.** Statement 4 accounts for a respective Debtor's intercompany transactions, as well as other transfers to insiders as applicable. With respect to individuals, the amounts listed reflect the universe of payments and transfers to such individuals including compensation, bonus (if any), expense reimbursement, relocation reimbursement, and/or severance. Amounts paid on behalf of such employee for certain life and disability coverage, which coverage is provided to all of the Debtors' employees, has not been included.

**Statement 5.** Statement 5 excludes goods returned in the ordinary course of business.

**Statement 7.** Any information contained in Statement 7 shall not be a binding representation of the Debtors' liabilities with respect to any of the suits and proceedings identified therein. In addition, the Debtors have reported all pending and closed employee related actions within in one year of the Petition Date in Statement 7, but have not designated the specific employee related actions as pending or concluded as any analysis to determine said status would be time consuming and an inefficient use of estate assets.

**Statement 10.** The Debtors occasionally incur losses for a variety of reasons, including theft and property damage. The Debtors, however, may not have records of all such losses if such losses do not have a material impact on the Debtors' businesses or are not reported for insurance purposes.

**Statement 11.** Out of an abundance of caution, the Debtors have included payments to all professionals who have rendered any advice related the Debtors' bankruptcy

proceedings in Statement 11. However, it is possible that the disclosed fees also relate to other, non-bankruptcy related services, and may include services rendered to other parties.

**Statement 26d.** The Debtors have provided financial statements in the ordinary course of their businesses to numerous financial institutions, creditors, and other parties within two years immediately before the Petition Date. Considering the number of such recipients and the possibility that such information may have been shared with parties without the Debtors' knowledge or consent or subject to confidentiality agreements, the Debtors have not disclosed any parties that may have received such financial statements for the purposes of Statement 26d.

**Statement 27.** Debtors West Houston Memory Care, LLC, Cinco Ranch Memory Care, LLC, Pearland Memory Care, LLC and Riverstone Memory Care, LLC, do not "inventory" their personal property, food, medications, etc. Accordingly, no response is reported for these Debtors at Statement 27.

**Statement 28.** The Debtors have listed the special members and investor members in response to Statement 28. The special members and investor members listed on Statement 28 have been included for informational purposes and their inclusion shall not constitute an admission that those entities exercise control over the Debtors.

**Statement 30.** Unless otherwise indicated in a Debtor's specific response to Statement 30, the Debtors have included a comprehensive response to Statement 30 in Statement 4.

**Fill in this information to identify the case:****Debtor name:** The LaSalle Group, Inc.**United States Bankruptcy Court for the:** Northern District of Texas**Case number (if known):** 19-31484☐ Check if this is an amended filing

Official Form 206Sum

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**

Copy line 88 from Schedule A/B .....

UNDETERMINED

**1b. Total personal property:**

Copy line 91A from Schedule A/B .....

\$43,049,532.30

**1c. Total of all property:**

Copy line 92 from Schedule A/B .....

\$43,049,532.30

**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D .....

\$4,486,222.22

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of Schedule E/F .....

\$37,346.82

**3b. Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F .....

+ \$38,736,867.66

**4. Total liabilities**

Lines 2 + 3a + 3b .....

\$43,260,436.70

**Fill in this information to identify the case:****Debtor name:** The LaSalle Group, Inc.**United States Bankruptcy Court for the:** Northern District of Texas**Case number (if known):** 19-31484☐ Check if this is an amended filing

Official Form 206A/B

**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes. Fill in the information below**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand**

2.1. \_\_\_\_\_ \$ \_\_\_\_\_

**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1.	JP MORGAN CHASE 700 NORTH PEARL STREET FLOOR 14 SUITE 1400 DALLAS TX 75201	OPERATING	5536	\$121,146.34
3.2.	JP MORGAN CHASE 700 NORTH PEARL STREET FLOOR 14 SUITE 1400 DALLAS TX 75201	HEALTH FUND	6070	\$79,468.18
3.3.	JP MORGAN CHASE 700 NORTH PEARL STREET FLOOR 14 SUITE 1400 DALLAS TX 75201	PAYROLL	5759	\$1,528,090.65
3.4.	JP MORGAN CHASE 700 NORTH PEARL STREET FLOOR 14 SUITE 1400 DALLAS TX 75201	MERCHANT ACCOUNT	5270	\$19,500.36
3.5.	DALLAS CAPITAL BANK 14185 DALLAS PARKWAY SUITE 200 DALLAS TX 75254	OPERATING	8361	\$31,277.04

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484****4. Other cash equivalents** (Identify all)

Description	Name of institution	Type of account	Last 4 digits of account number	Current value of debtor's interest
4.1. _____	_____	_____	_____	\$ _____

**5. Total of part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$1,779,482.57

**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit	Current value of debtor's interest
7.1. SECURITY CENTENNIAL CENTER, LLC PO BOX #11564 NEWARK NJ 07101	\$2,483.69
7.2. SECURITY HARTMAN SPE, LLC PO BOX 571017 HOUSTON TX 77257	\$25,023.75
7.3. SECURITY ONE PENSACOLA PLAZA C/O DUCKWORTH REALTY 308 EAST PEARL ST STE 200 JACKSON MS 39201	\$138.75
7.4. SECURITY ROSEMONT SUMMIT OPERATING, LLC P.O. BOX 203525 DALLAS TX 75320	\$3,984.37
7.5. SECURITY THE BUNKER HILL BUILDING 9525 KATY FREEWAY SUITE 215 KATY TX 77024	\$2,249.92

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment	Current value of debtor's interest
8.1. RETAINER CROWE & DUNLEVY, P.C.	\$328,928.39
8.2. RETAINER DONLIN RECANO AND COMPANY INC	\$143,906.05
8.3. RETAINER HARNEY PARTNERS	\$125,635.00

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

Current value of  
debtor's interest

8.4. TAIL INSURANCE

\$174,132.00

NATIONAL HEALTH INVESTORS

8.5. PREPAID POSTAGE

\$3,866.35

PITNEY BOWES

8.6. PREPAID PROPERTY &amp; CASUALTY INSURANCE

\$5,835.15

PROPERTY &amp; CASUALTY INSURANCE CARRIERS

**9. Total of part 2**

Add lines 7 through 8. Copy the total to line 81.

\$816,183.42

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☒ No. Go to Part 4.☐ Yes. Fill in the information below.Current value of  
debtor's interest**11. Accounts receivable**

Face amount

Doubtful or uncollectible  
accounts

11a. 90 days old or less: \$ \_\_\_\_\_ - \$ \_\_\_\_\_ = ..... → \$ \_\_\_\_\_

Face amount

Doubtful or uncollectible  
accounts

11b. Over 90 days old: \$ \_\_\_\_\_ - \$ \_\_\_\_\_ = ..... → \$ \_\_\_\_\_

**12. Total of part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00

**Part 4: Investments****13. Does the debtor own any investments?**☐ No. Go to Part 5.☒ Yes. Fill in the information below.Valuation method used  
for current valueCurrent value of  
debtor's interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock

14.1. \_\_\_\_\_ \$ \_\_\_\_\_

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484****15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

	Name of entity	% of ownership		
15.1.	AL FLOWER MOUND MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.2.	AMARILLO MEMORY CARE, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	4.8%	_____	UNDETERMINED
15.3.	ARLINGTON REIT TENANT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.4.	BOLINGBROOK REIT TENANT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.5.	CARROLLTON AUTUMN LEAVES, LP 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	50.0%	_____	UNDETERMINED
15.6.	CARROLLTON OF LASALLE, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.7.	CLEAR LAKE ARC TENANT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.8.	CORINTH ASSISTED CARE, LP 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	32.5%	_____	UNDETERMINED
15.9.	CRYSTAL LAKE REIT TENANT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.10.	CY-FAIR ARC TENANT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.11.	FLOWER MOUND AUTUMN LEAVES, LP 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	50.0%	_____	UNDETERMINED
15.12.	FORT MILL MENORY CARE, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	2.5%	_____	UNDETERMINED
15.13.	FRANKLIN PSH TENANT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	94.25%	_____	UNDETERMINED
15.14.	GURNEE MEMORY CARE, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	5.0%	_____	UNDETERMINED
15.15.	LAKE SUPERIOR CONTRACTING, LP 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	99.0%	_____	UNDETERMINED
15.16.	LAKE SUPERIOR MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.17.	LASALLE AMARILLO MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.18.	LASALLE ARLINGTON HEIGHTS MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED



Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

15.19.	LASALLE ASSISTED CARE, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.20.	LASALLE CINCO RANCH MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.21.	LASALLE CYPRESSWOOD MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.22.	LASALLE DENTON MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	20.0%	_____	UNDETERMINED
15.23.	LASALLE ESTERO MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.24.	LASALLE FORT MILL MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.25.	LASALLE FOSSIL CREEK MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	5.2%	_____	UNDETERMINED
15.26.	LASALLE GEORGETOWN MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.27.	LASALLE GREENVILLE MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.28.	LASALLE GURNEE MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.29.	LASALLE LEE'S SUMMIT MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.30.	LASALLE NAPLE'S MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.31.	LASALLE OF CORINTH, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.32.	LASALLE ORLAND PARK MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	67.0%	_____	UNDETERMINED
15.33.	LASALLE OSWEGO MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.34.	LASALLE OVERLAND PARK MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.35.	LASALLE PEALAND MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.36.	LASALLE RIVERSTONE MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.37.	LASALLE SARASOTA MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

15.38.	LASALLE SOUTH AUSTIN MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.39.	LASALLE SOUTHWEST FT. WORTH MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.40.	LASALLE ST. CHARLES MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.41.	LASALLE STOCKBRIDGE MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.42.	LASALLE STONE OAK MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.43.	LASALLE SUGARLOAF MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.44.	LASALLE TOWNE LAKE MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.45.	LASALLE TULSA MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.46.	LASALLE VENICE MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.47.	LASALLE VERNON HILLS MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.48.	LASALLE WEST HOUSTON MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.49.	LASALLE WESTOVER HILLS MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.50.	LASALLE WHEELING MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.51.	LASALLE WINDWARD MANAGEMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.52.	MEYERLAND ARC TENANT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.53.	MWW DEVELOPMENT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.54.	NAPLE'S MEMORY CARE, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	2.5%	_____	UNDETERMINED
15.55.	ROCKWALL REIT TENANT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.56.	SARASOTA MEMORY CARE, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	2.5%	_____	UNDETERMINED

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

15.57.	SOUTH AUSTIN MEMORY CARE, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	2.5%	_____	UNDETERMINED
15.58.	SOUTH BARRINGTON REIT TENANT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.59.	SOUTHWEST FT. WORTH MEMORY CARE, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	50.0%	_____	UNDETERMINED
15.60.	STONE OAK MEMORY CARE, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	5.0%	_____	UNDETERMINED
15.61.	THE WOODLANDS ARC TENANT, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED
15.62.	VENICE MEMORY CARE, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	3.8%	_____	UNDETERMINED
15.63.	WINFIELD DESIGN, LLC 545 E. JOHN CARPENTER FRWY, SUITE 500 IRVING TX 75062	100.0%	_____	UNDETERMINED

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe

16.1. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of part 4**

Add lines 14 through 16. Copy the total to line 83.

UNDETERMINED

**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>19. Raw materials</b>				
19.1. _____	_____	\$ _____	_____	\$ _____
<b>20. Work in progress</b>				
20.1. _____	_____	\$ _____	_____	\$ _____
<b>21. Finished goods, including goods held for resale</b>				
21.1. _____	_____	\$ _____	_____	\$ _____
<b>22. Other inventory or supplies</b>				
General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
22.1. OFFICE SUPPLIES	_____	\$0.00	LIQUIDATION	\$500.00

**23. Total of part 5**

Add lines 19 through 22. Copy the total to line 84.

\$500.00

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484****24. Is any of the property listed in Part 5 perishable?**

- ☒ No  
☐ Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No  
☐ Yes Book value: \$\_\_\_\_\_ Valuation method: \_\_\_\_\_ Current value: \$\_\_\_\_\_

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>28. Crops—either planted or harvested</b>			
28.1. _____	\$ _____	_____	\$ _____
<b>29. Farm animals. Examples: Livestock, poultry, farm-raised fish</b>			
29.1. _____	\$ _____	_____	\$ _____
<b>30. Farm machinery and equipment (Other than titled motor vehicles)</b>			
30.1. _____	\$ _____	_____	\$ _____
<b>31. Farm and fishing supplies, chemicals, and feed</b>			
31.1. _____	\$ _____	_____	\$ _____
<b>32. Other farming and fishing-related property not already listed in Part 6</b>			
32.1. _____	\$ _____	_____	\$ _____
<b>33. Total of part 6</b>			
Add lines 28 through 32. Copy the total to line 85.			\$0.00

**34. Is the debtor a member of an agricultural cooperative?**

- ☐ No  
☐ Yes. Is any of the debtor's property stored at the cooperative?  
☐ No  
☐ Yes

**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No  
☐ Yes Book value: \$\_\_\_\_\_ Valuation method: \_\_\_\_\_ Current value: \$\_\_\_\_\_

**36. Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No  
☐ Yes

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484****37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No  
☐ Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>39. Office furniture</b>			
39.1. OWNED	\$ _____	Liquidation	\$10,000.00
<b>40. Office fixtures</b>			
40.1. _____	\$ _____	_____	\$ _____
<b>41. Office equipment, including all computer equipment and communication systems equipment and software</b>			
	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.1. LEASED COPIERS	UNDETERMINED	Liquidation	\$6,000.00
41.2. COMPUTERS, PRINTERS, AND OTHER IT EQUIPMENT	UNDETERMINED	Liquidation	\$10,000.00
41.3. NETWORK STORAGE EQUIPMENT	UNDETERMINED	Liquidation	\$26,000.00
<b>42. Collectibles.</b> Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1. _____	\$ _____	_____	\$ _____
<b>43. Total of part 7</b> Add lines 39 through 42. Copy the total to line 86.			\$52,000.00

**44. Is a depreciation schedule available for any of the property listed in Part 7?**

- ☐ No  
☒ Yes

**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available) (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1. _____	\$ _____	_____	\$ _____
<b>48. Watercraft, trailers, motors, and related accessories.</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1. _____	\$ _____	_____	\$ _____
<b>49. Aircraft and accessories</b>			
49.1. _____	\$ _____	_____	\$ _____
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
50.1. _____	\$ _____	_____	\$ _____
<b>51. Total of part 8</b>			\$0.00

Add lines 47 through 50. Copy the total to line 87.

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☐ No  
☐ Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☐ No  
☐ Yes

**Part 9: Real property****54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.  
☒ Yes. Fill in the information below.

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest</b>				
55.1. _____ OFFICE SPACE  ONE PENSACOLA PLAZA C/O DUCKWORTH REALTY 125 W ROMANA ST, STE 215 PENSACOLA FL 32502	LEASED OFFICE SPACE	UNDETERMINED	_____	UNDETERMINED
55.2. _____ OFFICE SPACE  CENTENNIAL CENTER, LLC 1900 E GOLF ROAD, STE 600 SCHAUMBURG IL 60173	LEASED OFFICE SPACE	UNDETERMINED	_____	UNDETERMINED

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	--	--	---	------------------------------------

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

55.3. \_\_\_\_\_ LEASED OFFICE SPACE \_\_\_\_\_ UNDETERMINED  
OFFICE SPACE  
ROSEMONT SUMMIT OPERATING, LLC  
545 E. JOHN CARPENTER FRWY, SUITE 500  
IRVING TX 75062

**56. Total of part 9**

Add the current value on lines 55. Copy the total to line 88.

UNDETERMINED

**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No  
☐ Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

**60. Patents, copyrights, trademarks, and trade secrets**

60.1. AUTUMN LEAVES TRADEMARKS UNDETERMINED \_\_\_\_\_ UNKNOWN

**61. Internet domain names and websites**

	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1. AUTUMNLEAVES.COM	UNDETERMINED	_____	UNDETERMINED
61.2. LASALLEGROUP.COM	UNDETERMINED	_____	UNDETERMINED
61.3. ADULTDAYSTAY.COM	UNDETERMINED	_____	UNDETERMINED
61.4. AUTUMN-LEAVES-LIVING.COM	UNDETERMINED	_____	UNDETERMINED
61.5. AUTUMNLEAVES.COM	UNDETERMINED	_____	UNDETERMINED
61.6. AUTUMNLEAVESFOUNDATION.COM	UNDETERMINED	_____	UNDETERMINED
61.7. AUTUMNLEAVESFOUNDATION.ORG	UNDETERMINED	_____	UNDETERMINED
61.8. AUTUMNLEAVESLIVING.COM	UNDETERMINED	_____	UNDETERMINED
61.9. AUTUMNLEAVESRES.COM	UNDETERMINED	_____	UNDETERMINED
61.10. AUTUMNLEAVESSUX.COM	UNDETERMINED	_____	UNDETERMINED
61.11. AUTUMNLEAVESUCKS.COM	UNDETERMINED	_____	UNDETERMINED
61.12. AUTUMNOAKSLIVING.COM	UNDETERMINED	_____	UNDETERMINED

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484****61. Internet domain names and websites**

	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.13. AWFAMILYCARE.COM	UNDETERMINED	_____	UNDETERMINED
61.14. CCFAMILYHOSPICE.COM	UNDETERMINED	_____	UNDETERMINED
61.15. CCFHOSPICE.COM	UNDETERMINED	_____	UNDETERMINED
61.16. CCFMGMT.COM	UNDETERMINED	_____	UNDETERMINED
61.17. CCFMGT.COM	UNDETERMINED	_____	UNDETERMINED
61.18. CCHOSPICE.COM	UNDETERMINED	_____	UNDETERMINED
61.19. CONSTANTCARECORP.COM	UNDETERMINED	_____	UNDETERMINED
61.20. CONSTANTCAREFAMILY.COM	UNDETERMINED	_____	UNDETERMINED
61.21. CONSTANTCAREFAMILYHOSPICE.COM	UNDETERMINED	_____	UNDETERMINED
61.22. CONSTANTCAREFM.COM	UNDETERMINED	_____	UNDETERMINED
61.23. CONSTANTCAREHOSPICE.COM	UNDETERMINED	_____	UNDETERMINED
61.24. CONSTANTCAREMGMT.COM	UNDETERMINED	_____	UNDETERMINED
61.25. CUTNFLUFF.COM	UNDETERMINED	_____	UNDETERMINED
61.26. ENCOREADULTDAYSTAY.COM	UNDETERMINED	_____	UNDETERMINED
61.27. ENCOREDAILYENRICHMENT.COM	UNDETERMINED	_____	UNDETERMINED
61.28. ENCOREDAY.COM	UNDETERMINED	_____	UNDETERMINED
61.29. FAMCAREMGMT.COM	UNDETERMINED	_____	UNDETERMINED
61.30. FAMCAREMGT.COM	UNDETERMINED	_____	UNDETERMINED
61.31. FAMILYCARELIVING.COM	UNDETERMINED	_____	UNDETERMINED
61.32. FASHIONSONTHEMOVE.COM	UNDETERMINED	_____	UNDETERMINED
61.33. GOLFFORACAUSE.COM	UNDETERMINED	_____	UNDETERMINED
61.34. KMWPALAZZO.COM	UNDETERMINED	_____	UNDETERMINED
61.35. KMWRESIDENCE.COM	UNDETERMINED	_____	UNDETERMINED
61.36. LAKESUPERIORCONTRACTING.COM	UNDETERMINED	_____	UNDETERMINED
61.37. LASALLE-UNIVERSITY.COM	UNDETERMINED	_____	UNDETERMINED
61.38. LASALLECUSTOMHOMES.COM	UNDETERMINED	_____	UNDETERMINED
61.39. LASALLEEQUITY.COM	UNDETERMINED	_____	UNDETERMINED
61.40. LASALLEGROUP.COM	UNDETERMINED	_____	UNDETERMINED
61.41. LASALLELEARNING.COM	UNDETERMINED	_____	UNDETERMINED
61.42. LASALLELEARNING.ORG	UNDETERMINED	_____	UNDETERMINED
61.43. LASALLEQUITY.COM	UNDETERMINED	_____	UNDETERMINED
61.44. LESALONGROUP.COM	UNDETERMINED	_____	UNDETERMINED
61.45. LGCC.COM	UNDETERMINED	_____	UNDETERMINED
61.46. MASONWARREN.COM	UNDETERMINED	_____	UNDETERMINED
61.47. MEMORYFDN.COM	UNDETERMINED	_____	UNDETERMINED
61.48. MEMORYFDN.ORG	UNDETERMINED	_____	UNDETERMINED
61.49. MERIDIANRESEARCHGROUP.COM	UNDETERMINED	_____	UNDETERMINED
61.50. MORNINGSPRINGS.COM	UNDETERMINED	_____	UNDETERMINED



Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484****61. Internet domain names and websites**

	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.51. MWWDEVELOPMENT.COM	UNDETERMINED	_____	UNDETERMINED
61.52. MWWFAMILY.COM	UNDETERMINED	_____	UNDETERMINED
61.53. THEAUTUMNLEAVESFOUNDATION.COM	UNDETERMINED	_____	UNDETERMINED
61.54. THEAUTUMNLEAVESFOUNDATION.ORG	UNDETERMINED	_____	UNDETERMINED
61.55. THELASALLEGROUP-UNIVERSITY.COM	UNDETERMINED	_____	UNDETERMINED
61.56. THELASALLEGROUP.COM	UNDETERMINED	_____	UNDETERMINED
61.57. THELASALLEGROUPINC.COM	UNDETERMINED	_____	UNDETERMINED
61.58. THEMEMORYCARE.ORG	UNDETERMINED	_____	UNDETERMINED
61.59. THEMEMORYCAREFOUNDATION.COM	UNDETERMINED	_____	UNDETERMINED
61.60. THEMEMORYCAREFOUNDATION.ORG	UNDETERMINED	_____	UNDETERMINED
61.61. THEWHITLEY.COM	UNDETERMINED	_____	UNDETERMINED
61.62. THEWHITLEYASSISTEDLIVING.COM	UNDETERMINED	_____	UNDETERMINED
61.63. THEWHITLEYOFWHEELING.COM	UNDETERMINED	_____	UNDETERMINED
61.64. TLG-UNIVERSITY.COM	UNDETERMINED	_____	UNDETERMINED
61.65. TLGCC.COM	UNDETERMINED	_____	UNDETERMINED
61.66. TLGEMAIL.COM	UNDETERMINED	_____	UNDETERMINED
61.67. TLGFAMILYMANAGEMENT.COM	UNDETERMINED	_____	UNDETERMINED
61.68. TLGFAMILYMGMT.COM	UNDETERMINED	_____	UNDETERMINED
61.69. TLGFM.COM	UNDETERMINED	_____	UNDETERMINED
61.70. TLGFMGMT.COM	UNDETERMINED	_____	UNDETERMINED
61.71. TLGI.COM	UNDETERMINED	_____	UNDETERMINED
61.72. TLGU.ORG	UNDETERMINED	_____	UNDETERMINED
61.73. TLGUNIVERSITY.ORG	UNDETERMINED	_____	UNDETERMINED
61.74. TLGUNIVERSTIDY.ORG	UNDETERMINED	_____	UNDETERMINED
61.75. TLSGI.COM	UNDETERMINED	_____	UNDETERMINED
61.76. TMCNP.ORG	UNDETERMINED	_____	UNDETERMINED
61.77. VERNONHILLSGOLFFORACAUSE.COM	UNDETERMINED	_____	UNDETERMINED
61.78. WHITLEYASSISTED.COM	UNDETERMINED	_____	UNDETERMINED
61.79. WHITLEYASSISTEDLIVING.COM	UNDETERMINED	_____	UNDETERMINED
61.80. WHITLEYASSISTEDLIVING.NET	UNDETERMINED	_____	UNDETERMINED
61.81. WHITLEYLIVING.COM	UNDETERMINED	_____	UNDETERMINED
61.82. WHITLEYMANOR.COM	UNDETERMINED	_____	UNDETERMINED
61.83. WHITLEYWHEELING.COM	UNDETERMINED	_____	UNDETERMINED
61.84. WINDESIGNLLC.COM	UNDETERMINED	_____	UNDETERMINED

**62. Licenses, franchises, and royalties**

62.1. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

**63. Customer lists, mailing lists, or other compilations**

63.1. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484****64. Other intangibles, or intellectual property**

64.1. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**65. Goodwill**

65.1. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**66. Total of part 10**

Add lines 60 through 65. Copy the total to line 89.

UNDETERMINED

**67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?**☒ No☐ Yes**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☒ No☐ Yes**69. Has any of the property listed in Part 10 been appraised by a professional within the last year?**☒ No☐ Yes**Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes. Fill in the information below.Current value of  
debtor's interest**71. Notes receivable**

Description (include name of obligor)	Total face amount	Doubtful or uncollectible amount		Current value of debtor's interest
71.1. _____	\$ _____	- \$ _____	= ..... →	\$ _____

**72. Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)	Tax refund amount	NOL amount	Tax year	Current value of debtor's interest
72.1. _____	\$ _____	\$ _____	_____	\$ _____

**73. Interests in insurance policies or annuities**

Insurance company	Insurance policy No.	Annuity issuer name	Annuity account type	Annuity account No.	Current value of debtor's interest
73.1. _____	_____	_____	_____	_____	\$ _____

**74. Causes of action against third parties (whether or not a lawsuit has been filed)**

	Nature of claim	Amount requested	Current value of debtor's interest
74.1. _____	_____	\$ _____	\$ _____

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484****75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

	Nature of claim	Amount requested	Current value of debtor's interest
75.1.	_____	\$ _____	\$ _____

**76. Trusts, equitable or future interests in property**

76.1.	_____		\$ _____
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**77. Other property of any kind not already listed**

Examples: Season tickets, country club membership

77.1.	RECEIVABLE FROM PRESTONEWOOD ENCORE		\$966,600.11
77.2.	RECEIVABLE FROM ACP I		\$450.00
77.3.	RECEIVABLE FROM ARLINGTON AUTUMN LEAVES, L.P.		\$912.25
77.4.	RECEIVABLE FROM ARLINGTON HEIGHTS MEMORY CARE		\$3,622.67
77.5.	RECEIVABLE FROM AUTUMN LEAVES FOUNDATION		\$88,919.35
77.6.	RECEIVABLE FROM BOLLINGBROOK		\$282,318.80
77.7.	RECEIVABLE FROM CAR LANDCO		\$7,624.50
77.8.	RECEIVABLE FROM CARROLLTON AUTUMN LEAVES, L.P.		\$2,139,645.84
77.9.	RECEIVABLE FROM CATHERINE BROWNLEE		\$11,645.12
77.10.	RECEIVABLE FROM CINCO RANCH AUTUMN LEAVES		\$1,889,933.12
77.11.	RECEIVABLE FROM CITYVIEW MEMORY CARE LLC		\$435,687.24
77.12.	RECEIVABLE FROM CORINTH ASSISTED CARE		\$1,136,743.55
77.13.	RECEIVABLE FROM CORINTH AUTUMN OAKS		\$1,231,431.82
77.14.	RECEIVABLE FROM CORNITH AO DEVELOPER FEE		\$938,941.00
77.15.	RECEIVABLE FROM CUT N FLUFF LLC		\$6,966.34
77.16.	RECEIVABLE FROM CY FAIR AUTUMN LEAVES		\$1,204,696.53
77.17.	RECEIVABLE FROM CYPRESSWOOD MEMORY CARE LLC		\$378,182.01
77.18.	RECEIVABLE FROM ENCHANTED H DEVELOPR FEE		\$200,000.00
77.19.	RECEIVABLE FROM ENCHANTED HILLS		\$244,564.37
77.20.	RECEIVABLE FROM ESTERO MEMORY CARE		\$1,222,438.85
77.21.	RECEIVABLE FROM FLOWER MOUND AUTUMN LEAVES, L.P.		\$2,029,877.62
77.22.	RECEIVABLE FROM FOSSIL CREEK MEMORY CARE LLC		\$2,374.76
77.23.	RECEIVABLE FROM FRANKLIN		\$86,196.86
77.24.	RECEIVABLE FROM GAR LANDCO		\$32,449.40
77.25.	RECEIVABLE FROM GEORGETOWN MEMORY CARE		\$13,253.36
77.26.	RECEIVABLE FROM GLEN ELLYN AUTUMN LEAVES		\$2,056.18
77.27.	RECEIVABLE FROM GREENVILLE MEMORY CARE		\$639,420.45
77.28.	RECEIVABLE FROM LEADING LIFE SENIOR LIVING INC.		\$326,691.83
77.29.	RECEIVABLE FROM LEE'S SUMMIT		\$116,840.48
77.30.	RECEIVABLE FROM MONARCH POA		\$3,182.55
77.31.	RECEIVABLE FROM MEYERLAND		\$872,680.82
77.32.	RECEIVABLE FROM NAPLES MEMORY CARE		\$37,236.76

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

77.33. RECEIVABLE FROM NORTH AUSTIN MEMORY CARE	\$20,707.76
77.34. RECEIVABLE FROM PEARLAND MEMORY CARE LLC	\$4,079,669.08
77.35. RECEIVABLE FROM RIVERSTONE MEMORY CARE LLC	\$1,666,778.42
77.36. RECEIVABLE FROM SARASOTA	\$467,890.12
77.37. RECEIVABLE FROM SOUTH AUSTIN	\$100,458.59
77.38. RECEIVABLE FROM ST CHARLES AUTUMN LEAVES	\$883,917.04
77.39. RECEIVABLE FROM STOCKBRIDGE AUTUMN LEAVES	\$1,406,913.76
77.40. RECEIVABLE FROM STONE OAK AUTUMN LEAVES	\$1,164,631.96
77.41. RECEIVABLE FROM SUGARLOAF AUTUMN LEAVES	\$1,538,830.75
77.42. RECEIVABLE FROM THE MEMORY CARE FOUNDATION	\$394,858.30
77.43. RECEIVABLE FROM TLG EEPP, LLC	\$293,542.88
77.44. RECEIVABLE FROM TULSA MEMORY CARE LLC	\$2,277,921.00
77.45. RECEIVABLE FROM VENICE	\$432,104.75
77.46. RECEIVABLE FROM VERNON HILLS MEMORY CARE LLC	\$661,395.00
77.47. RECEIVABLE FROM WEST HOUSTON AUTUMN LEAVES	\$3,002,877.91
77.48. RECEIVABLE FROM WESTOVER HILLS MEMORY CARE	\$1,309,050.66
77.49. RECEIVABLE FROM WHEELING MEMORY CARE	\$1,429,685.79
77.50. RECEIVABLE FROM WINDWARD MEMORY CARE	\$579,809.68
77.51. RECEIVABLE FROM WINFIELD DESIGN, LLC	\$2,126,738.32
77.52. GOLF MEMBERSHIP	\$10,000.00

**78. Total of part 11**

Add lines 71 through 77. Copy the total to line 90.

\$40,401,366.31

**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$1,779,482.57	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$816,183.42	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$0.00	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	UNDETERMINED	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$500.00	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$0.00	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$52,000.00	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$0.00	
88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> ..... →		UNDETERMINED
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	UNDETERMINED	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i> +	\$40,401,366.31	
91. <b>Total.</b> Add lines 80 through 90 for each column. ....91a.	\$43,049,532.30	+ 91b. UNDETERMINED
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. ....		\$43,049,532.30

**Fill in this information to identify the case:****Debtor name:** The LaSalle Group, Inc.**United States Bankruptcy Court for the:** Northern District of Texas**Case number (if known):** 19-31484☐ Check if this is an amended filingOfficial Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

**Column A  
Amount of  
Claim**  
Do not deduct  
the value of  
collateral.

**Column B  
Value of  
collateral that  
supports this  
claim**

**2.1. Creditor's name and address**

ASCENTIUM CAPITAL LLC  
PO BOX 301593  
DALLAS TX 75303-1593

**Creditor's email address, if known****Date debt was incurred:** Various**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_**Describe debtor's property that is subject to a lien**

LEASED EQUIPMENT

**Describe the lien**

UNDETERMINED UNDETERMINED

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:** Check all that apply.☒ Contingent☒ Unliquidated☐ Disputed

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484****2.2. Creditor's name and address**

DE LAGE LANDEN  
PO BOX 41602  
PHILADELPHIA PA 19101-1602

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** Various

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

LEASED EQUIPMENT

UNDETERMINED UNDETERMINED

**Describe the lien**

\_\_\_\_\_

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☒ Contingent

☒ Unliquidated

☐ Disputed

**2.3. Creditor's name and address**

ORIGIN BANK  
COMMUNITY TRUST BANK  
DALLAS FINANCIAL CENTER - BUSINESS  
8222 DOUGLAS AVENUE, SUITE 1  
DALLAS TX 75225

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 6/30/15

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

PERSONAL PROPERTY

\$3,736,222.22 UNDETERMINED

**Describe the lien**

\_\_\_\_\_

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☐ No

☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484****2.4. Creditor's name and address**SHI INTERNATIONAL CORP  
1111 OLD EAGLE SCHOOL RD  
WAYNE PA 19087**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** \_\_\_\_\_**Last 4 digits of account number:** \_\_\_\_\_**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_**Describe debtor's property that is subject to a lien**

LEASED EQUIPMENT

UNDETERMINED UNDETERMINED

**Describe the lien**  
\_\_\_\_\_**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**  
Check all that apply.☒ Contingent☒ Unliquidated☐ Disputed**2.5. Creditor's name and address**

TMA APARTMENTS, INC.

**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** 10/30/17**Last 4 digits of account number:** \_\_\_\_\_**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_**Describe debtor's property that is subject to a lien**

PARTNERSHIP INTEREST IN ENCHANTED HILL LIMITED PARTNERSHIP

\$750,000.00

UNDETERMINED

**Describe the lien**  
\_\_\_\_\_**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**  
Check all that apply.☐ Contingent☐ Unliquidated☒ Disputed**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$4,486,222.22

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**



Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

	Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
3.1.	FORSHEY & PROSTOK LLP JEFF P PROSTOK;MATTHIAS KLEINSASSER 777 MAIN ST STE 1290 FORT WORTH TX 76102	Line 2.3	_____
3.2.	ORIGIN BANCORP INC MAZAN SBAITI SBAITI AND CO PLLC 1201 ELM ST STE 4010 DALLAS TX 75270	Line 2.3	_____
3.3.	STREUSAND LANDON OZBURN & LEMMON LLP RHONDA B MATES 1801 S MOPAC EXPRESSWAY STE 320 AUSTIN TX 78746	Line 2.3	_____

**Fill in this information to identify the case:****Debtor name:** The LaSalle Group, Inc.**United States Bankruptcy Court for the:** Northern District of Texas**Case number (if known):** 19-31484☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
ANDREW DEMERS Address Intentionally Omitted	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,250.00	\$1,250.00
<b>Date or dates debt was incurred</b> 05/01/19	<b>Basis for the claim:</b> UNPAID SEVERANCE		
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)			<b>Nonpriority amount</b> \$0.00

2.2. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
CHERLYN ELZY, RTA IRVING ISD TAX ASSESSOR PO BOX 152021 IRVING TX 75015	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$623.91	\$623.91
<b>Date or dates debt was incurred</b> 1/1/2019	<b>Basis for the claim:</b> PERSONAL PROPERTY TAX		
<b>Last 4 digits of account number:</b> 0450	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)			<b>Nonpriority amount</b> \$0.00

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

2.3.	<b>Priority creditor's name and mailing address</b>  CHERYL SWANN Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  04/23/19  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  UNPAID SEVERANCE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> \$100.00	<b>Priority amount</b> \$100.00  <b>Nonpriority amount</b> \$0.00
2.4.	<b>Priority creditor's name and mailing address</b>  DALLAS COUNTY TAX OFFICE JOHN R AMES, CTA 1201 ELM STREET SUITE 2600 DALLAS TX 75270  <b>Date or dates debt was incurred</b>  1/1/2019  <b>Last 4 digits of account number:</b> 0450  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> \$755.14	<b>Priority amount</b> \$755.14  <b>Nonpriority amount</b> \$0.00
2.5.	<b>Priority creditor's name and mailing address</b>  MELVIN WARREN, JR Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  5/1/19  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PREPETITION WAGES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> \$178.86	<b>Priority amount</b> \$178.86  <b>Nonpriority amount</b> \$0.00

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2.6.	<b>Priority creditor's name and mailing address</b>  MITCHELL WARREN 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b>  5/1/19  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PREPETITION WAGES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$1,458.33	<b>Priority amount</b>  \$1,458.33  <b>Nonpriority amount</b>  \$0.00
2.7.	<b>Priority creditor's name and mailing address</b>  ROBIN GLOVER Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  04/22/19  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  UNPAID SEVERANCE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$1,480.77	<b>Priority amount</b>  \$1,480.77  <b>Nonpriority amount</b>  \$0.00
2.8.	<b>Priority creditor's name and mailing address</b>  RODNEY SCOTT Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  04/22/19  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  UNPAID SEVERANCE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$2,784.87	<b>Priority amount</b>  \$2,784.87  <b>Nonpriority amount</b>  \$0.00

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2.9.	<b>Priority creditor's name and mailing address</b>  TERRY WARREN 9464 LIVORNO COURT NAPLES FL 34119  <b>Date or dates debt was incurred</b>  5/1/19  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PREPETITION WAGES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$312.50</td> </tr> </table>	Total claim	\$312.50	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$312.50</td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$312.50	Nonpriority amount	\$0.00
Total claim										
\$312.50										
Priority amount										
\$312.50										
Nonpriority amount										
\$0.00										
2.10.	<b>Priority creditor's name and mailing address</b>  TEXAS COMPTROLLER OF PUBLIC ACCOUNTS P.O. BOX 13528, CAPITOL STATION AUSTIN TX 78711  <b>Date or dates debt was incurred</b>  1/1/2019  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TEXAS FRANCHISE TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$17,838.00</td> </tr> </table>	Total claim	\$17,838.00	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$17,838.00</td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$17,838.00	Nonpriority amount	\$0.00
Total claim										
\$17,838.00										
Priority amount										
\$17,838.00										
Nonpriority amount										
\$0.00										
2.11.	<b>Priority creditor's name and mailing address</b>  THOMAS LECHOCKI Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  04/25/19  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  UNPAID SEVERANCE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,355.21</td> </tr> </table>	Total claim	\$5,355.21	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$5,355.21</td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$5,355.21	Nonpriority amount	\$0.00
Total claim										
\$5,355.21										
Priority amount										
\$5,355.21										
Nonpriority amount										
\$0.00										

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<b>2.12. Priority creditor's name and mailing address</b>  VIRGINIA KIRKLAND Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  04/29/19  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  UNPAID SEVERANCE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,190.00</td> </tr> </table>	Total claim	\$4,190.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,190.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$4,190.00	Nonpriority amount	\$0.00
Total claim									
\$4,190.00									
Priority amount									
\$4,190.00									
Nonpriority amount									
\$0.00									
<b>2.13. Priority creditor's name and mailing address</b>  XIZOPING WANG-SCHNERINGER Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  04/22/19  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  UNPAID SEVERANCE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,019.23</td> </tr> </table>	Total claim	\$1,019.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,019.23</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,019.23	Nonpriority amount	\$0.00
Total claim									
\$1,019.23									
Priority amount									
\$1,019.23									
Nonpriority amount									
\$0.00									

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

- 3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1.	<b>Nonpriority creditor's name and mailing address</b> 1-800 FLOWERS.COM P.O. BOX 29901 NEW YORK NY 10087-9901  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 6089	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$28.38
3.2.	<b>Nonpriority creditor's name and mailing address</b> A PLACE FOR MOM C/O LAURA HANSEN FOX ROTHSCHILD, LLP 1001 FOURTH AVENUE, SUITE 4500 SEATTLE WASHINGTON 98154  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.3.	<b>Nonpriority creditor's name and mailing address</b> ABRAHAM, PRETTY 707 OAKDALE DR. STAFFORD TX 77477  <b>Date or dates debt was incurred</b> 2/6/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.4.	<b>Nonpriority creditor's name and mailing address</b> ACTIVITYCONNECTION.COM LLC 818 SW THIRD AVE #222 PORTLAND OR 97204  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$360.00
3.5.	<b>Nonpriority creditor's name and mailing address</b> ADELL SWEET 809 SAN SIMEON DRIVE EDMOND EDMOND OK 73003  <b>Date or dates debt was incurred</b> 12/10/2018  <b>Last 4 digits of account number:</b> 2029	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> EEOC/DISCRIMINATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.6.	<b>Nonpriority creditor's name and mailing address</b> ADVANTIUM CAPITAL 545 E. JOHN CARPENTER FREEWAY STE 620 IRVING TX 75062  <b>Date or dates debt was incurred</b> <hr style="border: 0; border-top: 1px solid black;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SECURITY DEPOSIT HELD FOR SUBLEASES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,707.00



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3.7.	<b>Nonpriority creditor's name and mailing address</b> AIRGAS USA, LLC PO BOX 676015 DALLAS TX 75267-6015  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 8859	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9.85
3.8.	<b>Nonpriority creditor's name and mailing address</b> ALGONQUIN ACQUISITION CO. 1900 EAST GOLF ROAD STE 600 SCHAUMBERG IL 60173  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SECURITY DEPOSIT HELD FOR SUBLEASES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,000.00
3.9.	<b>Nonpriority creditor's name and mailing address</b> AMARILLO MEMORY CARE, LLC 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY PAYABLES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$5,647.35

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3.10.	<b>Nonpriority creditor's name and mailing address</b> AMBIUS, LLC (21) P.O. BOX 14086 READING PA 19612  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 3286	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,088.75
3.11.	<b>Nonpriority creditor's name and mailing address</b> AMERICAN CREDIT PARTNERS INVESTMENT LIMITED PARTNERSHIP II 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY PAYABLES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$57,033.69
3.12.	<b>Nonpriority creditor's name and mailing address</b> AMERICAN CREDIT PARTNERS INVESTMENT LIMITED PARTNERSHIP III 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY PAYABLES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$3,816.77

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3.13.	<b>Nonpriority creditor's name and mailing address</b> AMERICAN CREDIT PARTNERS INVESTMENT LIMITED PARTNERSHIP IV 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY PAYABLES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$2,637.94
3.14.	<b>Nonpriority creditor's name and mailing address</b> AMERICAN NATIONAL BANK P.O. BOX 40 TERRELL TX 75160  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.15.	<b>Nonpriority creditor's name and mailing address</b> ANDERSON, TRACY 1347 RIVER OAK DR. KAUFMAN TX 75142  <b>Date or dates debt was incurred</b> 3/14/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.16.	<b>Nonpriority creditor's name and mailing address</b> APS BUILDING SERVICES, INC. 11050 W LITTLE YORK RD, BLDG P HOUSTON TX 77041  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$652.48
3.17.	<b>Nonpriority creditor's name and mailing address</b> ARACELIS RUFFOLO AND DOMINQUE BONSEIGNEUR C/O DAVID FISH THE FISH LAW FIRM, PC 200 E. 5TH AVENUE SUITE 123 NAPERVILLE IL 60563  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.18.	<b>Nonpriority creditor's name and mailing address</b> ARANCIBIA, HEATHER 1309 W GALENA BLVD AURORA IL 60505  <b>Date or dates debt was incurred</b> 10/11/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.19.	<b>Nonpriority creditor's name and mailing address</b> ARC PO BOX 935491 ATLANTA GA 31193-5491  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 3104	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$551.98
3.20.	<b>Nonpriority creditor's name and mailing address</b> ARETHA PROCTOR PO BOX 852502 MESQUITE TX 75185  <b>Date or dates debt was incurred</b> 8/8/2017  <b>Last 4 digits of account number:</b> 2029	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> EEOC/DISCRIMINATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.21.	<b>Nonpriority creditor's name and mailing address</b> ARHC ALCFBTX01, LLC C/O DUNN SHEEHAN 400 CARLILE STREET, SUITE 200 DALLAS TEXAS 75304  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.22.	<b>Nonpriority creditor's name and mailing address</b> ARHC ALCLKTX01, LLC C/O DUNN SHEEHAN 400 CARLILE STREET, SUITE 200 DALLAS TEXAS 75304	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Amount of claim</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> PENDING LITIGATION	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.23.	<b>Nonpriority creditor's name and mailing address</b> ARHC ALMEYTX01, LLC C/O DUNN SHEEHAN 400 CARLILE STREET, SUITE 200 DALLAS TEXAS 75304	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Amount of claim</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> PENDING LITIGATION	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.24.	<b>Nonpriority creditor's name and mailing address</b> ARHC ALWOOTX01, LLC C/O DUNN SHEEHAN 400 CARLILE STREET, SUITE 200 DALLAS TEXAS 75304	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Amount of claim</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> PENDING LITIGATION	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.25.	<b>Nonpriority creditor's name and mailing address</b> ARIAS PAINTING COMPANY PO BOX 796661 DALLAS TX 75379  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$600.00
3.26.	<b>Nonpriority creditor's name and mailing address</b> ARIEL BROCK C/O LUIS P. BARTOLOMEI THE BARTOLOMEI FIRM 3710 RAWLINS STREET SUITE 1601 DALLAS TEXAS 75219  <b>Date or dates debt was incurred</b> 10/11/2017  <b>Last 4 digits of account number:</b> 2029	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION/EEOC DISCRIMINATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.27.	<b>Nonpriority creditor's name and mailing address</b> ARLINGTON HEIGHTS MEMORY CARE LLC 545 E JOHN CARPENTER FRWY IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 4233	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY BANK REFUND  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$29,645.00

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3.28.	<b>Nonpriority creditor's name and mailing address</b> ASCENTUM CAPITAL LLC P.O.BOX 301593 DALLAS TX 75303-1593  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> COPIER LEASE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,233.40
3.29.	<b>Nonpriority creditor's name and mailing address</b> AUTUMN LEAVES OF NAPLES FOR THE BENFIT OF THE GREATER NAPLES CHAMBER OF COMMERCE 2390 TAMiami TRAIL NORTH STE 210 NAPLES FL 34103  <b>Date or dates debt was incurred</b> 2/1/2019  <b>Last 4 digits of account number:</b> 1437	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> MEMBERSHIP DUES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$435.00
3.30.	<b>Nonpriority creditor's name and mailing address</b> AUTUMN LEAVES OF NW HOUSTON FOR THE BENEFIT OF SHARPS COMPLIANCE, INC. PO BOX 679502 DALLAS TX 75267-9502  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 4069	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$147.65



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3.31.	<b>Nonpriority creditor's name and mailing address</b> BAILEY, KEVIN 2505 W TOLEDO CT BROKEN ARROW OK 74012  <b>Date or dates debt was incurred</b> 10/30/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.32.	<b>Nonpriority creditor's name and mailing address</b> BANK FIRST NATIONAL C/O GREGORY SUDBURY QUILLING, SELANDER, LOWNDS, WINSLETT & MOSER, P.C. 2001 BRYAN STREET, SUITE 1800 DALLAS TEXAS 75201  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.33.	<b>Nonpriority creditor's name and mailing address</b> BANK OF THE OZARKS 625 COURT STREET CLEARWATER FL 33756  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.34.	<b>Nonpriority creditor's name and mailing address</b> BANK OF THE OZARKS 625 COURT STREET CLEARWATER FL 33756  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.35.	<b>Nonpriority creditor's name and mailing address</b> BARTEN, SHARRON 4180 MERCURY ROAD VENICE FL 34293  <b>Date or dates debt was incurred</b> 12/2/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.36.	<b>Nonpriority creditor's name and mailing address</b> BB&T 2001 ROSS AVENUE SUITE 2700 DALLAS TEXAS 75201  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.37.	<b>Nonpriority creditor's name and mailing address</b> BBVA COMPASS 8080 N. CENTRAL EXPRESSWAY SUITE 310 DALLAS TX 75206  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.38.	<b>Nonpriority creditor's name and mailing address</b> BELL NUNNALLY 3232 MCKINNEY AVENUE STE 1400 DALLAS TX 75204-2429  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 0432	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LEGAL FEES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,223.22
3.39.	<b>Nonpriority creditor's name and mailing address</b> BIBBINS, BRITTANY 1090 RUSHMORE DRIVE APT 1 DEKALB IL 60115  <b>Date or dates debt was incurred</b> 9/19/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.40.	<b>Nonpriority creditor's name and mailing address</b> BILL, SONDR 6 PINE VALLEY RD PIEDMONT SC 29673	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Amount of claim</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 7/24/2018	<b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.41.	<b>Nonpriority creditor's name and mailing address</b> BMO HARRIS 111 W. MONROE STREET 5 WEST CHICAGO IL 60603	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Amount of claim</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> LOAN GUARANTEE	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.42.	<b>Nonpriority creditor's name and mailing address</b> BOCKO, SHUBIRA 801 VICTORIA LN ELK GROVE VILLAGE IL 60007	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Amount of claim</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 8/1/2018	<b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.43.	<b>Nonpriority creditor's name and mailing address</b> BOKF, N.A. D/B/A BANK OF TEXAS, FORMERLY KNOWN AS BANK OF TEXAS, N.A C/O COURTNEY BOWLINE DEANS & LYONS, LLP 325 NORTH ST. PAUL STREET, SUITE 1500 DALLAS TEXAS 75201  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.44.	<b>Nonpriority creditor's name and mailing address</b> BONE MCALLESTER NORTON, PC 511 UNION STREET SUITE 1600 NASHVILLE TN 37219  <b>Date or dates debt was incurred</b> 4/22/2019  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LEGAL FEES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,500.00
3.45.	<b>Nonpriority creditor's name and mailing address</b> BRANCH BANKING AND TRUST CO. C/O KENNETH JOHNSON JOHNSON & PRATT 1717 MAIN STREET, SUITE 3000 DALLAS TEXAS 75201  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.46.	<b>Nonpriority creditor's name and mailing address</b> BRAND BANK PO BOX 1110 LAWRENCEVILLE GA 30046  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.47.	<b>Nonpriority creditor's name and mailing address</b> BRIGHTHOUSE FINANCIAL PO BOX 371487 PITTSBURGH PA 15250-7487  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 941	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LIFE INSURANCE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,008.94
3.48.	<b>Nonpriority creditor's name and mailing address</b> BRIGHTVIEW LANDSCAPE SERVICES PO BOX 31001-2463 PASADENA CA 91110-2463  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDSCAPING SERVICES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$16,769.46

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3.49.	<b>Nonpriority creditor's name and mailing address</b> BRITT, VICTORIA 2615 AMARANTH HOUSTON TX 77084  <b>Date or dates debt was incurred</b> 5/21/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.50.	<b>Nonpriority creditor's name and mailing address</b> BROWN, MIESHA 5227 CORTELYOU LANE HOUSTON TX 77021  <b>Date or dates debt was incurred</b> 9/13/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.51.	<b>Nonpriority creditor's name and mailing address</b> BRUSNIAK PLLC D/B/A RYAN LAW PO BOX 802882 DALLAS TX 75380-2882  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LEGAL FEES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$31,000.00

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3.52.	<b>Nonpriority creditor's name and mailing address</b> CAMACHO, MARTHA 17310, KIETH HARROW BOULEVARD HOUSTON TX 77084  <b>Date or dates debt was incurred</b> 9/19/2018, 02/05/19  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.53.	<b>Nonpriority creditor's name and mailing address</b> CAMPBELL, DON 815 W.2ND ST. EDMOND OK 73003  <b>Date or dates debt was incurred</b> 9/29/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.54.	<b>Nonpriority creditor's name and mailing address</b> CAREER RESOURCE SERVICES 2324 DUMAS DRIVE FRISCO TX 75034  <b>Date or dates debt was incurred</b> 4/10/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RECRUITING SERVICES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,200.00



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3.55.	<b>Nonpriority creditor's name and mailing address</b> CARING.COM P.O. BOX 7689 SAN FRANCISCO CA 94120-7689  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 3210	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,700.00
3.56.	<b>Nonpriority creditor's name and mailing address</b> CARROLLTON AUTUMN LEAVES, LP 1800 KING ARTHUR BLVD CARROLLTON TX 75010  <b>Date or dates debt was incurred</b> 4/30/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY VENDOR REIMBURSABLE EXPENSES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$24,000.00
3.57.	<b>Nonpriority creditor's name and mailing address</b> CFP FIRE PROTECTION 153 TECHNOLOGY DR., STE 200 IRVINE CA 92618  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> FIRE PROTECTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$29,298.88

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3.58.	<b>Nonpriority creditor's name and mailing address</b> CHRISTINE MENNELLA C/O JASON WAYMIRE WILLIAMS, MORRIS & WAYMIRE 4330 S. LEE STREET, BLDG 400, SUITE A BUFORD GEORGIA 30518  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.59.	<b>Nonpriority creditor's name and mailing address</b> CITIZENS SECURITY BANK 14821 S. MEMORIAL BIXBY OK 74008  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.60.	<b>Nonpriority creditor's name and mailing address</b> CLEAR LAKE MEMORY CARE, LLC 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY PAYABLES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$631,864.61

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3.61.	<b>Nonpriority creditor's name and mailing address</b> CLIFTONLARSONALLEN LLP P.O. BOX 679334 DALLAS TX 75267-9334  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 0179	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNTING SERVICES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$82,520.00
3.62.	<b>Nonpriority creditor's name and mailing address</b> CNA INSURANCE PO BOX 6065-02 HERMITAGE PA 16148-1065  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 5458	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONAL LIABILITY INSURANCE DEDUCTIBLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$66,250.02
3.63.	<b>Nonpriority creditor's name and mailing address</b> COCA-COLA SOUTHWEST BEVERAGES LLC PO BOX 744010 ATLANTA GA 30384-4010  <b>Date or dates debt was incurred</b> 6/25/2018  <b>Last 4 digits of account number:</b> 2018	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4.10

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3.64.	<b>Nonpriority creditor's name and mailing address</b> COLEEN CARNEY 4691 MAGNOLIA LANE LAKE IN THE HILLS IL 60156  <b>Date or dates debt was incurred</b> 11/15/2017  <b>Last 4 digits of account number:</b> 2029	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> EEOC/DISCRIMINATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.65.	<b>Nonpriority creditor's name and mailing address</b> CONSOLIDATED COMMUNICATIONS P.O. BOX 66523 SAINT LOUIS MO 63166-6523  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$85.18
3.66.	<b>Nonpriority creditor's name and mailing address</b> CONSTANT CARE MANAGEMENT COMPANY FOR THE BENEFIT OF HILLYARD INC. P. O. BOX 802049 KANSAS CITY MO 64180-2049  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$767.72

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3.67.	<b>Nonpriority creditor's name and mailing address</b> CONTRERAS, BIANCA 176 POND VIEW PASS BUDA TX 78610  <b>Date or dates debt was incurred</b> 3/22/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.68.	<b>Nonpriority creditor's name and mailing address</b> COOK, HOLLY 90 ACORN CT ROUND LAKE BEACH IL 60073  <b>Date or dates debt was incurred</b> 5/23/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.69.	<b>Nonpriority creditor's name and mailing address</b> CORPORATE COST CONTROL INC PO BOX 1180 LONDONDERRY NH 03053  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,050.00

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3.70.	<b>Nonpriority creditor's name and mailing address</b> CPI ONE POINT P.O. BOX 671735 DALLAS TX 75267-1735  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 6486	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$31.43
3.71.	<b>Nonpriority creditor's name and mailing address</b> CRYSTAL LAKE MEMORY CARE, LLC 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY PAYABLES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$1,073,575.02
3.72.	<b>Nonpriority creditor's name and mailing address</b> CSC PO BOX 13397 PHILADELPHIA PA 19101-3397  <b>Date or dates debt was incurred</b> 10/11/2018  <b>Last 4 digits of account number:</b> 0212	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$57.96

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3.73.	<b>Nonpriority creditor's name and mailing address</b> CT CORPORATION P.O. BOX 4349 CAROL STREAM IL 60197-4349  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> STATUTORY REPRESENTATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,310.99
3.74.	<b>Nonpriority creditor's name and mailing address</b> CURTIS GROUP ARCHITECTS LTD 5000 QUORUM DRIVE, SUITE 500 DALLAS TX 75254  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 1552	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ARCHITECTURAL SERVICES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$38,323.50
3.75.	<b>Nonpriority creditor's name and mailing address</b> CYNTHIA CURRY 1800 WEDGEWOOD DRIVE APT# 216 GURNEE IL 60031  <b>Date or dates debt was incurred</b> 3/15/2019  <b>Last 4 digits of account number:</b> 7652	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.76.	<b>Nonpriority creditor's name and mailing address</b> CYPRESSWOOD MEMORY CARE, LLC 545 E JOHN CARPENTER FRWY #500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY REIMBURSABLE VENDOR EXPENSES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$3,900.00
3.77.	<b>Nonpriority creditor's name and mailing address</b> DALLAS BUSINESS JOURNAL SUBSCRIPTION SERVICES PO BOX 36919 CHARLOTTE NC 28236-9904  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 5617	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$19.00
3.78.	<b>Nonpriority creditor's name and mailing address</b> DALLAS LIGHT BULB PO BOX 541115 DALLAS TX 75354  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$282.50



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3.79.	<b>Nonpriority creditor's name and mailing address</b> DAVIDSON, ANNE 2024 NEWPORT CIRCLE HANOVER PARK IL 60133  <b>Date or dates debt was incurred</b> 2/24/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.80.	<b>Nonpriority creditor's name and mailing address</b> DAVIS, BRITTANY 5401 DOLORES PL DENTON TX 76208  <b>Date or dates debt was incurred</b> 10/18/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.81.	<b>Nonpriority creditor's name and mailing address</b> DE LAGE LANDEN P.O. BOX 41602 PHILADELPHIA PA 19101-1602  <b>Date or dates debt was incurred</b> 4/6/2019  <b>Last 4 digits of account number:</b> 2944	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> COPIER LEASE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14.24

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3.82.	<b>Nonpriority creditor's name and mailing address</b> DEBRA D. WILKINS, INDIVIDUALLY AND AS ATTORNEY-IN-FACT FOR ESTELLE D. KING C/O FAYSSOUX & LANDIS P.O. BOX 10207 209 E. WASHINGTON STREET GREENVILLE SOUTH CAROLINA 29601  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.83.	<b>Nonpriority creditor's name and mailing address</b> DENTON MEMORY CARE LLC 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY PAYABLES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$4,841.50
3.84.	<b>Nonpriority creditor's name and mailing address</b> DIAZ, MARITZA 4016 OXFORD CT STREAMWOOD IL 60107  <b>Date or dates debt was incurred</b> 7/19/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.85.	<b>Nonpriority creditor's name and mailing address</b> DIRECT SUPPLY, INC. BOX 88201 MILWAUKEE WI 53288-0201  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,204.80
3.86.	<b>Nonpriority creditor's name and mailing address</b> DISCOVER BANK C/O STEPHEN BRUCE P.O. BOX 808 EDMOND OK 73083  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.87.	<b>Nonpriority creditor's name and mailing address</b> DOE, KORGABAE 19523 CAIRNS DR KATY TX 77449  <b>Date or dates debt was incurred</b> 9/6/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.88.	<b>Nonpriority creditor's name and mailing address</b> DORCAH, DORA 1796 SATELLITE BLVD APT. 909 DULUTH GA 30097  <b>Date or dates debt was incurred</b> 2/22/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.89.	<b>Nonpriority creditor's name and mailing address</b> EDMOND MEMORY CARE, LLC 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY PAYABLES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$67,020.64
3.90.	<b>Nonpriority creditor's name and mailing address</b> EDMOND MEMORY CARE, LLP 1001 S. BRYANT AVENUE EDMOND OK 73034  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY REIMBURSABLE VENDOR EXPENSES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$1,218.75

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3.91.	<b>Nonpriority creditor's name and mailing address</b> EDWARDS, VERONICA 1018 S.MONITOR AVE CHICAGO IL 60644  <b>Date or dates debt was incurred</b> 12/30/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.92.	<b>Nonpriority creditor's name and mailing address</b> FALUYI, BRITTANY 3900 EAST NORTH ST. APT. C-31 GREENVILLE SC 29615  <b>Date or dates debt was incurred</b> 11/6/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.93.	<b>Nonpriority creditor's name and mailing address</b> FEDEX P.O. BOX 660481 DALLAS TX 75266-0481  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 8308	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$476.72

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3.94.	<b>Nonpriority creditor's name and mailing address</b> FIELDS, SHANESE 5508 S. WOLCOTT CHICAGO IL 60636  <b>Date or dates debt was incurred</b> 6/1/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.95.	<b>Nonpriority creditor's name and mailing address</b> FIRST NATIONAL (SOUTHLAKE) C/O CHARLES BAUM QUILLING, SELANDER, LOWNDS, WINSLETT & MOSER, P.C. 2001 BRYAN STREET, SUITE 1800 DALLAS DALLAS TEXAS 75201  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOAN GUARANTEE/PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.96.	<b>Nonpriority creditor's name and mailing address</b> FIRST SECURE BANK OF SUGAR GROVE 670 N. SUGAR FROBE PARKWAY (ROUTE 47) PO BOX 350 SUGAR GROVE IL 60554  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.97.	<b>Nonpriority creditor's name and mailing address</b> FISH GALLERY AUSTIN LLC 2909 FOUNTAIN VIEW HOUSTON TX 77057  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$371.84
3.98.	<b>Nonpriority creditor's name and mailing address</b> FLORES, OSCAR 5759 GREENCRAIG HOUSTON TX 77035  <b>Date or dates debt was incurred</b> 8/23/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.99.	<b>Nonpriority creditor's name and mailing address</b> FORT MILL MEMORY CARE, LLC 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY PAYABLES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$16,288.96

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3.100.	<b>Nonpriority creditor's name and mailing address</b> FRANCIOS, MICKENCHINA 5314 MCCARTY ST NAPLES FL 34113  <b>Date or dates debt was incurred</b> 9/19/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.101.	<b>Nonpriority creditor's name and mailing address</b> FREUND, LUCIA PO BOX 3387 SHAWNEE KS 66203  <b>Date or dates debt was incurred</b> 5/7/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.102.	<b>Nonpriority creditor's name and mailing address</b> FROST BANK 2950 N. HARWOOD FLOOR 11 DALLAS TX 75201  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED



Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**3.103. **Nonpriority creditor's name and mailing address**

FROST BANK  
C/O CHARLES BAUM  
QUILLING, SELANDER, LOWNDS, WINSLETT &  
MOSER, P.C.  
2001 BRYAN STREET, SUITE 1800  
DALLAS  
DALLAS TEXAS 75201

**Date or dates debt was incurred**

VARIOUS

**Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

LOAN GUARANTEE

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

UNDETERMINED

3.104. **Nonpriority creditor's name and mailing address**

GAIL JOHNSON  
6060 BELARBOR  
APT# 3  
HOUSTON TX 77033

**Date or dates debt was incurred**

4/30/2017

**Last 4 digits of account number:** 7652**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

WORKERS COMPENSATION CLAIM

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

UNDETERMINED

3.105. **Nonpriority creditor's name and mailing address**

GAMA, SANOUdje  
549 N SOMERSET TERRACE #3  
OLATHE KS 66062

**Date or dates debt was incurred**

1/21/2019

**Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**WORKERS COMPENSATION CLAIM  
WITHIN 1 YEAR OF FILING**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

UNDETERMINED

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3.106.	<b>Nonpriority creditor's name and mailing address</b> GELAY-YEAGER, FRANCIS 2140 SUNSTONE DR CARROLLTON TX 75006  <b>Date or dates debt was incurred</b> 6/15/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.107.	<b>Nonpriority creditor's name and mailing address</b> GLOBAL IP NETWORKS INC 1009 JUPITER ROAD STE 500 PLANO TX 75074  <b>Date or dates debt was incurred</b> APR-19  <b>Last 4 digits of account number:</b> 2053	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$147.88
3.108.	<b>Nonpriority creditor's name and mailing address</b> GOMEZ, KEYLA 137 N. GIFFORD STREET ELGIN IL 60120  <b>Date or dates debt was incurred</b> 3/27/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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<b>3.109. Nonpriority creditor's name and mailing address</b> GRANT, CATHY 2101 RUBIN RD. FATE TX 75189  <b>Date or dates debt was incurred</b> 3/20/2019, 03/31/19  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.110. Nonpriority creditor's name and mailing address</b> GRANT, RENEE 9922 WEST MONTGOMERY #254 HOUSTON TX 77088  <b>Date or dates debt was incurred</b> 12/14/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.111. Nonpriority creditor's name and mailing address</b> GRAY ENGINEERING CONSULTANTS, INC. 132 PILGRIM ROAD GREENVILLE SC 29607  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENGINEERING SERVICES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,222.50

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<b>3.112. Nonpriority creditor's name and mailing address</b> GRAY, LANIE 9150 SOUTH COULTER ST. APARTMENT 1322 AMARILLO TX 79119  <b>Date or dates debt was incurred</b> 4/22/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.113. Nonpriority creditor's name and mailing address</b> GREAT SOUTHERN BANK 8201 PRESTON ROAD SUITE 305 DALLAS TX 75225  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.114. Nonpriority creditor's name and mailing address</b> GREEN BANK, N.A. C/O STEPHEN W. LEMMON STRESUAND, LANDON, OZBURN & LEMMON, LLP 811 BARTON SPRINGS RAD, SUITE 811 AUSTON TEXAS 78704  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.115.	<b>Nonpriority creditor's name and mailing address</b> GURNEE MEMORY CARE, LLC 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY PAYABLES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$17,626.56
3.116.	<b>Nonpriority creditor's name and mailing address</b> GUTSCHE, DIANE 809 NE WESTWIND DR #B LEES SUMMIT MO 64086  <b>Date or dates debt was incurred</b> 1/17/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.117.	<b>Nonpriority creditor's name and mailing address</b> HAMMER, ELISABETH 9600 E KENTUCKY RD INDEPENDENCE MO 64053  <b>Date or dates debt was incurred</b> 7/17/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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<b>3.118. Nonpriority creditor's name and mailing address</b> HANCOCK WHITNEY BANK 2510 14TH STREET GULFPORT MS 39501  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.119. Nonpriority creditor's name and mailing address</b> HARBOR LINEN P O BOX 3510 CHERRY HILL NJ 08034  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 8462	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$165.62
<b>3.120. Nonpriority creditor's name and mailing address</b> HARKINS, ANGELA 5 AVICE DALE DR GREENVILLE SC 29611  <b>Date or dates debt was incurred</b> 5/21/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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<b>3.121. Nonpriority creditor's name and mailing address</b> HD SUPPLY PO BOX 509058 SAN DIEGO CA 92150-9058  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,904.14
<b>3.122. Nonpriority creditor's name and mailing address</b> HEALTHCARE INTERACTIVE, INC. 8800 HIGHWAY 7, SUITE 331 MINNEAPOLIS MN 55426  <b>Date or dates debt was incurred</b> 11/19/2018  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,023.67
<b>3.123. Nonpriority creditor's name and mailing address</b> HEALTHCARE TRUST, INC. 405 PARK AVENUE NEW YORK NY 10022  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.124.	<b>Nonpriority creditor's name and mailing address</b> HELIN, MEGAN 32W807 ALBERT DR EAST DUNDEE IL 60118  <b>Date or dates debt was incurred</b> 12/11/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.125.	<b>Nonpriority creditor's name and mailing address</b> HIGH PROFILE INC 4851 LBJ FRWY STE 500 DALLAS TX 75244  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 1499	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CONTRACT LABOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$963.53
3.126.	<b>Nonpriority creditor's name and mailing address</b> HILL, SHAVIA 23 LARKIN PLACE ATLANTA GA 30313  <b>Date or dates debt was incurred</b> 4/22/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED



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3.127.	<b>Nonpriority creditor's name and mailing address</b> HOLSTEN, ALEXIS 76 ROCKING PINE PLACE THE WOODLANDS TX 77381  <b>Date or dates debt was incurred</b> 5/20/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.128.	<b>Nonpriority creditor's name and mailing address</b> HONORE, NAOMIE 1508 E LILLIAN AVE ARLINGTON HEIGHTS IL 60004  <b>Date or dates debt was incurred</b> 8/30/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.129.	<b>Nonpriority creditor's name and mailing address</b> HUNTON ANDREWS KURTH, LLP P.O. BOX 301276 DALLAS TX 75303-1276  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LEGAL FEES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$349,068.38

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3.130.	<b>Nonpriority creditor's name and mailing address</b> ILLUSTRATUS 8455 LENEXA DRIVE LENEXA KS 66214  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14,213.55
3.131.	<b>Nonpriority creditor's name and mailing address</b> INDEED, INC. MAIL CODE 5160 PO BOX 660367 DALLAS TX 75266-0367  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RECRUITING SERVICES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,609.52
3.132.	<b>Nonpriority creditor's name and mailing address</b> IPROMOTEU DEPT 2419 PO BOX 122419 DALLAS TX 75312-2419  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$335.68

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3.133.	<b>Nonpriority creditor's name and mailing address</b> IRON MOUNTAIN P.O. BOX 915004 DALLAS TX 75391  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 9519	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$561.39
3.134.	<b>Nonpriority creditor's name and mailing address</b> IRVING, LARRY 5644 LA FLEUR TRL LITHONIA GA 30038  <b>Date or dates debt was incurred</b> 3/16/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.135.	<b>Nonpriority creditor's name and mailing address</b> JAYDA BARBER 1920 E. 2ND STREET EDMOND OK 73034  <b>Date or dates debt was incurred</b> 4/23/2019  <b>Last 4 digits of account number:</b> 7652	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.136.	<b>Nonpriority creditor's name and mailing address</b> JEFFREY WARD 11201 EVERGLADES PKWY APT# 205 ESTERO FL 33928  <b>Date or dates debt was incurred</b> 3/30/2019  <b>Last 4 digits of account number:</b> 7652	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.137.	<b>Nonpriority creditor's name and mailing address</b> JEMEYSON, CEVIN 2616 HILCROFT AVENUE DENTON TX 76210  <b>Date or dates debt was incurred</b> 10/14/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.138.	<b>Nonpriority creditor's name and mailing address</b> JENNIFER WELLS 210 HIGH POINT COURT BLANCHARD OK 73010  <b>Date or dates debt was incurred</b> 10/30/2018  <b>Last 4 digits of account number:</b> 7652	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.139.	<b>Nonpriority creditor's name and mailing address</b> JETSTAR COURIER, INC. PO BOX 852073 RICHARDSON TX 75085-2073  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 2740	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$79.29
3.140.	<b>Nonpriority creditor's name and mailing address</b> JILL WEINBERG ON BEHALF OF THE ESTATE OF RENEE SCHELL C/O CURTIS CLINESMITH THE CLINESMITH FIRM 325 N. ST. PAUL, 29TH FLOOR DALLAS TEXAS 75201  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.141.	<b>Nonpriority creditor's name and mailing address</b> JOANIE MCKINNEY 277 GLEN CREST DRIVE MOORE SC 29369  <b>Date or dates debt was incurred</b> 11/7/2017  <b>Last 4 digits of account number:</b> 7652	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.142.	<b>Nonpriority creditor's name and mailing address</b> JOHN F. WARREN, COUNTY CLERK DALLAS COUNTY CLERK'S OFFICE RENAISSANCE TOWER, 22ND FLOOR 1201 ELM STREET DALLAS TX 75270  <b>Date or dates debt was incurred</b> 4/24/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> FILING FEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$24.00
3.143.	<b>Nonpriority creditor's name and mailing address</b> JOHNSON, CRYSTAL 10645 W. LIBERTY AVE BEACH PARK IL 60099  <b>Date or dates debt was incurred</b> 8/10/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.144.	<b>Nonpriority creditor's name and mailing address</b> JONES, AUDREY 1072 S PLEASANT HILL GATE WAUKEGAN IL 60085  <b>Date or dates debt was incurred</b> 5/30/2018, 07/21/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.145.	<b>Nonpriority creditor's name and mailing address</b> JOSEPH, SAINJULIA 31 LANDING LANE POWDER SPRINGS GA 30127  <b>Date or dates debt was incurred</b> 9/26/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.146.	<b>Nonpriority creditor's name and mailing address</b> JOSEPH, SIMON 1612 IRONWOOD DRIVE MOUNT PROSPECT IL 60056  <b>Date or dates debt was incurred</b> 10/22/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.147.	<b>Nonpriority creditor's name and mailing address</b> JUDITH ROSS PC 700 N PEARL STREET STE 1610 DALLAS TX 75201  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 5001	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LEGAL FEES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,038.11

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3.148.	<b>Nonpriority creditor's name and mailing address</b> KAITHARATH, VINCY 1722 W MAGNOLIA LANE MOUNT PROSPECT IL 60056  <b>Date or dates debt was incurred</b> 7/29/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.149.	<b>Nonpriority creditor's name and mailing address</b> KELLY SHELTON C/O PASHA VAZIRI VAZIRI LAW, LLC 111 W. WASHINGTON STREET SUITE 1500 CHICAGO IL 60602  <b>Date or dates debt was incurred</b> 12/10/2018  <b>Last 4 digits of account number:</b> 2029	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> EEOC/DISCRIMINATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.150.	<b>Nonpriority creditor's name and mailing address</b> KIMERLY LEE 3196 MT. ZION ROAD APT# 1502 STOCKBRIDGE GA 30281  <b>Date or dates debt was incurred</b> 6/5/2017  <b>Last 4 digits of account number:</b> 7652	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED



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3.151.	<b>Nonpriority creditor's name and mailing address</b> LAKE SUPERIOR CONTRACTING, LP 545 E. JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY RENT AND VENDOR REIMBURSABLE EXPENSES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$36,816.02
3.152.	<b>Nonpriority creditor's name and mailing address</b> LAKE SUPERIOR CONTRACTING, LP 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY PAYABLES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$9,999,025.94
3.153.	<b>Nonpriority creditor's name and mailing address</b> LANCASTER POLLARD 65 E. STATE STREET 16TH FLOOR COLUMBUS OH 43215  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.154.	<b>Nonpriority creditor's name and mailing address</b> LAS COLINAS COUNTRY CLUB 4400 NORTH O'CONNER RD. IRVING TX 75062-3777  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 5149	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> MEMBERSHIP DUES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$122.60
3.155.	<b>Nonpriority creditor's name and mailing address</b> LAWRENCE, AALIYAH 1227 S OLD WILKE RD APT 110 ARLINGTON HEIGHTS IL 60005  <b>Date or dates debt was incurred</b> 12/11/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.156.	<b>Nonpriority creditor's name and mailing address</b> LEE'S SUMMIT MEMORY CARE, LLC 3101 SW 3RD STREET LEE'S SUMMIT MO 64081  <b>Date or dates debt was incurred</b> 7/10/1905  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> DEPARTMENT OF LABOR AUDIT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.157.	<b>Nonpriority creditor's name and mailing address</b> LEHNHOFF, ALLISON 3530 NE AKIN BLVD. APT. 1021 LEES SUMMIT MO 64064  <b>Date or dates debt was incurred</b> 8/24/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.158.	<b>Nonpriority creditor's name and mailing address</b> LETICIA RIVERA 810 SULLIVAN COURT CREST HILL IL 60403  <b>Date or dates debt was incurred</b> 10/21/2018  <b>Last 4 digits of account number:</b> 7652	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.159.	<b>Nonpriority creditor's name and mailing address</b> LEVEL 3 P.O. BOX 910182 DENVER CO 80291-0182  <b>Date or dates debt was incurred</b> 4/1/2019  <b>Last 4 digits of account number:</b> CQHG	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$356.04

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3.160.	<b>Nonpriority creditor's name and mailing address</b> LEVY, DANA 708 MELANIE JEAN DR MCDONOUGH GA 30252  <b>Date or dates debt was incurred</b> 5/21/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.161.	<b>Nonpriority creditor's name and mailing address</b> LEXUS FINANCIAL SERVICES P.O. BOX 4102 CAROL STREAM IL 60197-4102  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> N759	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> AUTO LEASE EXPENSES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$310.13
3.162.	<b>Nonpriority creditor's name and mailing address</b> LEZIE W. EKECHI C/O JEFF MAYES OGLETREE, DEAKINS, NASH, ET AT ONE ALLEND CENTER SUITE 500 DALLAS TX 77002  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.163.	<b>Nonpriority creditor's name and mailing address</b> LLOYD, MICHELE 11015 GOLDEN FRN CT HOUSTON TX 77075  <b>Date or dates debt was incurred</b> 5/1/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.164.	<b>Nonpriority creditor's name and mailing address</b> LMS ELECTRICAL PO BOX 428 CYPRESS TX 77410  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,050.83
3.165.	<b>Nonpriority creditor's name and mailing address</b> LOUIS, SANDRA 1744 OAK DR FORT MYERS FL 33907  <b>Date or dates debt was incurred</b> 11/9/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.166.	<b>Nonpriority creditor's name and mailing address</b> LUCIANA HUBBARD 3600 N. FOREST PARK DRIVE OKLAHOMA CITY OK 73121  <b>Date or dates debt was incurred</b> 2/19/2018  <b>Last 4 digits of account number:</b> 7652	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.167.	<b>Nonpriority creditor's name and mailing address</b> MALLERY, RACHEAL 11800 CITY PARK CENTRAL LN APT.611 HOUSTON TX 77047  <b>Date or dates debt was incurred</b> 11/19/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.168.	<b>Nonpriority creditor's name and mailing address</b> MARINEAU, PHILLIP 425 WATERDANCE LN APT 410 ARLINGTON TX 76010  <b>Date or dates debt was incurred</b> 1/1/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.169.	<b>Nonpriority creditor's name and mailing address</b> MARSHA FISHER 1930 CHESTERFIELD LANE AURORA IL 60503  <b>Date or dates debt was incurred</b> 10/4/2018  <b>Last 4 digits of account number:</b> 7652	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.170.	<b>Nonpriority creditor's name and mailing address</b> MARY MCHERRING 404 JAQUILINE LANE GREENVILLE SC 29607  <b>Date or dates debt was incurred</b> 9/23/2018  <b>Last 4 digits of account number:</b> 7652	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.171.	<b>Nonpriority creditor's name and mailing address</b> MATHER, ROGER 1420 W MAIN ST APT 600 LEWISVILLE TX 75067  <b>Date or dates debt was incurred</b> 8/21/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.172.	<b>Nonpriority creditor's name and mailing address</b> MATTHEW, SIMMY 520 EAGLE VIEW DR. CAROL STREAM IL 60188  <b>Date or dates debt was incurred</b> 9/9/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.173.	<b>Nonpriority creditor's name and mailing address</b> MCCOY, KRISTEN 17 DANCHRIS CT TAYLORS SC 29687  <b>Date or dates debt was incurred</b> 6/30/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.174.	<b>Nonpriority creditor's name and mailing address</b> MCCUIN, KRISTI 1653 TATE RD ROCK HILL SC 29732  <b>Date or dates debt was incurred</b> 7/2/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED



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<b>3.175. Nonpriority creditor's name and mailing address</b> MCKESSON CORPORATION P.O. BOX 204786 DALLAS TX 75320-4786  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$26,693.08
<b>3.176. Nonpriority creditor's name and mailing address</b> MEDLINE INDUSTRIES, INC. DEPT. 1080 P.O. BOX 121080 DALLAS TX 75312-1080  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PAYMENT GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.177. Nonpriority creditor's name and mailing address</b> MELENDEZ, MICHELLE 223 SAN ANTONIO SAN ANTONIO TX 78237  <b>Date or dates debt was incurred</b> 11/20/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.178.	<b>Nonpriority creditor's name and mailing address</b> MELVIN (WIN) WARREN 125 W ROMANA STREET STE 215 PENSACOLA FL 32502  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> NOTES PAYABLE  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$9,065,581.70
3.179.	<b>Nonpriority creditor's name and mailing address</b> MEMORY CARE FOUNDATION FOR THE BENEFIT OF DIXON HUGHES GOODMAN LLP 4350 CONGRESS STREET STE 900 PO BOX 602828 CHARLOTTE NC 28260-2828  <b>Date or dates debt was incurred</b> 11/20/2018  <b>Last 4 digits of account number:</b> 9275	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LEGAL FEES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$29,250.00
3.180.	<b>Nonpriority creditor's name and mailing address</b> MERCIER, TERNISE 23 LARKIN PLACE ATLANTA GA 30313  <b>Date or dates debt was incurred</b> 1/3/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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<b>3.181. Nonpriority creditor's name and mailing address</b> MITCH WARREN 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> NOTES PAYABLE  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$2,129,914.66
<b>3.182. Nonpriority creditor's name and mailing address</b> MONICA WYATT 650 E. SAINT CHARLES ROAD CAROL STREAM IL 60188  <b>Date or dates debt was incurred</b> 6/5/2018  <b>Last 4 digits of account number:</b> 7652	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.183. Nonpriority creditor's name and mailing address</b> MONSTER WORLDWIDE INC P.O. BOX 90364 CHICAGO IL 60696-0364  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 5377	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RECRUITING SERVICES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$10,445.42

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3.184.	<b>Nonpriority creditor's name and mailing address</b> MORAN, ELIZABETH POBOX 257 LEMING TX 78050  <b>Date or dates debt was incurred</b> 12/22/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.185.	<b>Nonpriority creditor's name and mailing address</b> MWW DEVELOPMENT, LLC 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY PAYABLES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$2,373,491.23
3.186.	<b>Nonpriority creditor's name and mailing address</b> MWW DEVELOPMENT, LLC FOR THE BENEFIT OF CANNON & CANNON INC 8550 KINGSTON PIKE KNOXVILLE TN 37919  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 1256	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENGINEERING CONSULTING SERVICES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,564.00

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<b>3.187. Nonpriority creditor's name and mailing address</b> MWW DEVELOPMENT, LLC FOR THE BENEFIT OF GSI ENGINEERING, LLC 4503 EAST 47TH STREET SOUTH WICHITA KS 67210-1651  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 3046	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENGINEERING SERVICES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,300.00
<b>3.188. Nonpriority creditor's name and mailing address</b> MYSSOL, ANILUS 9876 WINGOOD DRIVE VENICE FL 34292  <b>Date or dates debt was incurred</b> 12/18/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.189. Nonpriority creditor's name and mailing address</b> NAAP 3604 WILDON STREET EAU CLAIRE WI 54703  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$260.00

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<b>3.190. Nonpriority creditor's name and mailing address</b> NANGTIE, SOLANGE 2609 FEATHERSTONE RD APT 450 OKLAHOMA CITY OK 73120  <b>Date or dates debt was incurred</b> 2/9/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.191. Nonpriority creditor's name and mailing address</b> NAPLES MEMORY CARE, LLC FOR THE BENEFIT OF CAPITAL CENTER LAND CONDO ASSN INC 4077 TAMINAMI TRAIL NORTH STE D-201 NAPLES FL 32502  <b>Date or dates debt was incurred</b> 2/13/2019  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> COMMUNITY ASSOCIATION DUES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,308.63
<b>3.192. Nonpriority creditor's name and mailing address</b> NHI REIT OF TX-IL, LLC 222 ROBERT ROSE DRIVE MURFREESBORO TN 37129  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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<b>3.193. Nonpriority creditor's name and mailing address</b> NIXON PEABODY LLP 70 W MADISON STREET STE 3500 CHICAGO IL 60602  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 3618	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LEGAL FEES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,584.50
<b>3.194. Nonpriority creditor's name and mailing address</b> O'BRIEN ARCHITECTS INC 5310 HARVEST HILL STE 136 LB 161 DALLAS TX 75230  <b>Date or dates debt was incurred</b> 2016  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ARCHITECTURAL SERVICES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$135,301.03
<b>3.195. Nonpriority creditor's name and mailing address</b> OGBEH, MARY P.O. BOX 440353 KENNESAW GA 30160  <b>Date or dates debt was incurred</b> 9/2/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.196.	<b>Nonpriority creditor's name and mailing address</b> OGLETREE, DEAKINS, NASH, SMAOK & STEWART PO BOX 89 COLUMBIA SC 29202  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 8881	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LEGAL FEES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$52,108.02
3.197.	<b>Nonpriority creditor's name and mailing address</b> OGUNLOLA, ENO 9744 FOREST LANE APT#1624 DALLAS TX 75243  <b>Date or dates debt was incurred</b> 11/8/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.198.	<b>Nonpriority creditor's name and mailing address</b> ON SHIFT, INC. PO BOX 207856 DALLAS TX 75320-7856  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$11,531.66



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3.199.	<b>Nonpriority creditor's name and mailing address</b> ONE PENSACOLA PLAZA C/O DUCKWORTH REALTY 308 EAST PEARL ST STE 200 JACKSON MS 39201  <b>Date or dates debt was incurred</b> 5/1/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$207.57
3.200.	<b>Nonpriority creditor's name and mailing address</b> ONE SAFE PLACE 1550 WALNUT HILL LANE IRVING TX 75038  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 1122	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> IT SERVICES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$307.47
3.201.	<b>Nonpriority creditor's name and mailing address</b> ONEDAY 4514 COLE AVENUE, SUITE 740 DALLAS TX 75201  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> IT SERVICES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,918.39

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3.202.	<b>Nonpriority creditor's name and mailing address</b> ORACLE AMERICA INC PO BOX 203448 DALLAS TX 75320-3448  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> IT SERVICES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,509.35
3.203.	<b>Nonpriority creditor's name and mailing address</b> ORIGIN BANCORP, INC. C/O MAZAN SBAITI SBAITI & COMPANY, PLLC 1201 ELM STREET, SUITE 4010 DALLAS DALLAS TEXAS 75270  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOAN GUARANTEE/PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.204.	<b>Nonpriority creditor's name and mailing address</b> ORLAND PARK MEMORY CARE LLC 545 EAST JOHN CARPENTER FRWY #500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY REIMBURSABLE VENDOR EXPENSES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$3,700.68

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3.205.	<b>Nonpriority creditor's name and mailing address</b> ORLAND PARK MEMORY CARE, LLC 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY PAYABLES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$10,369.94
3.206.	<b>Nonpriority creditor's name and mailing address</b> OSWEGO MEMORY CARE, LLC 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY PAYABLES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$116,871.62
3.207.	<b>Nonpriority creditor's name and mailing address</b> OVERLAND PARK MEMORY CARE, LLC 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY PAYABLES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$3,552.53

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3.208.	<b>Nonpriority creditor's name and mailing address</b> PARTS TOWN LLC 27787 NETWORK PLACE CHICAGO IL 60673-1277  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$969.57
3.209.	<b>Nonpriority creditor's name and mailing address</b> PATTY WILCZYNSKI 3850 W 117TH STREET ALSIP IL 60803  <b>Date or dates debt was incurred</b> 9/20/2018  <b>Last 4 digits of account number:</b> 2029	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> EEOC/DISCRIMINATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.210.	<b>Nonpriority creditor's name and mailing address</b> PAULA EDWALL P.O. BOX 27623 AUSTIN TX 78755  <b>Date or dates debt was incurred</b> 11/8/2018  <b>Last 4 digits of account number:</b> 7652	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.211.	<b>Nonpriority creditor's name and mailing address</b> PC CONNECTION SALES CORP DBA CONNECTION PO BOX 536472 PITTSBURGH PA 15253-5906  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 1259	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$403.09
3.212.	<b>Nonpriority creditor's name and mailing address</b> PEACOCK, LEE 187 MARTY LOOP WOODLAND WA 98674  <b>Date or dates debt was incurred</b> 8/5/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.213.	<b>Nonpriority creditor's name and mailing address</b> PERFECT FEAST PFR CORPORATE GIFTS, LLC 1469 NORTH 1200 WEST OREM UT 84057  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$355.52

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3.214.	<b>Nonpriority creditor's name and mailing address</b> PERFECT PLANT CONTROL LLC 3804 ENGLEWOOD LANE FT WORTH TX 76107  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$248.98
3.215.	<b>Nonpriority creditor's name and mailing address</b> PETTY, TANESHA 512 FAIRBROOK LANE FT WORTH TX 76140  <b>Date or dates debt was incurred</b> 7/3/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.216.	<b>Nonpriority creditor's name and mailing address</b> PINEDA, ROSA 1008 TACOMA ST CARPENTERSVILLE IL 60110  <b>Date or dates debt was incurred</b> 5/18/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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<b>3.217. Nonpriority creditor's name and mailing address</b> PITNEY BOWES GLOBAL (LEASE) PO BOX 371887 PITTSBURGH PA 15250-7887  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 2530	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> OFFICE EQUIPMENT LEASE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$172.44
<b>3.218. Nonpriority creditor's name and mailing address</b> PLAINSCAPITAL BANK C/O DAVID O'DENS SETTLEPOU 333 LEE PARKWAY, 8TH FLOOR DALLAS TEXAS 75219  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.219. Nonpriority creditor's name and mailing address</b> POPP HUTCHESON PLLC 1301 SOUTH MOPAC SUITE 430 AUSTIN TX 78746  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> IT17	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONAL SERVICES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,578.30

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3.220.	<b>Nonpriority creditor's name and mailing address</b> PROGRESSIVE BUSINESS PUBLICATIONS P.O. BOX 3014 MALVERN PA 19355-9790  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 2975	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$604.13
3.221.	<b>Nonpriority creditor's name and mailing address</b> PROSPERITY BANK 2201 SOUTH BROADWAY EDMOND OK 73013  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.222.	<b>Nonpriority creditor's name and mailing address</b> PRUDENTIAL LIFE INSURANCE CO PO BOX 856138 LOUISVILLE KY 40285  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 1472	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LIFE INSURANCE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$134.00



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3.223.	<b>Nonpriority creditor's name and mailing address</b> QUANISHA SHANNON 818 ORR DRIVE ROCK HILL SC 29730  <b>Date or dates debt was incurred</b> 3/16/2018, 05/09/18  <b>Last 4 digits of account number:</b> 7652	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.224.	<b>Nonpriority creditor's name and mailing address</b> RAMIREZ, RHONDA 4113 W LILLIAN STREET APT H MCHENRY IL 60050  <b>Date or dates debt was incurred</b> 9/22/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.225.	<b>Nonpriority creditor's name and mailing address</b> REACHLOCAL INC. ATTN: KELLY BARKER 6111 PLANO PARKWAY, SUITE 1000 PLANO TX 75093  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$20,193.48

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3.226.	<b>Nonpriority creditor's name and mailing address</b> REALPAGE INC. PO BOX 11407 BIRMINGHAM AL 35246-5575  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 221	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$105.00
3.227.	<b>Nonpriority creditor's name and mailing address</b> REBECCA DAVILA 79 PUEBLO ROAD MONTGOMERY IL 60538  <b>Date or dates debt was incurred</b> 7/31/2018  <b>Last 4 digits of account number:</b> 7652	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.228.	<b>Nonpriority creditor's name and mailing address</b> RENASANT BANK 3328 PEACHTREE ROAD NE SUITE 400 ATLANTA GA 30326  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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<b>3.229. Nonpriority creditor's name and mailing address</b> RENTOKIL STERITECH RENTOKIL STERITECH PO BOX 13848 READING PA 19612  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,372.26
<b>3.230. Nonpriority creditor's name and mailing address</b> REPUBLIC TITLE OF TEXAS, INC 2626 HOWELL STREET 10TH FLOOR DALLAS TX 75204  <b>Date or dates debt was incurred</b> 7/17/2017  <b>Last 4 digits of account number:</b> 7075	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,268.00
<b>3.231. Nonpriority creditor's name and mailing address</b> RESIDENT ID SC - 1001 C/O MATHEW, HEIMLICH, WALSH, KNIPPEN & CETINA Address Intentionally Omitted  <b>Date or dates debt was incurred</b> 03/26/19  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT INJURY CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.232.	<b>Nonpriority creditor's name and mailing address</b> ROBERT HALF MANAGEMENT RESOURCES PO BOX 743295 LOS ANGELES CA 90074-3295  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 9000	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CONTRACT LABOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,166.40
3.233.	<b>Nonpriority creditor's name and mailing address</b> ROCKWALL MEMORY CARE, LLC 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY PAYABLES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$94,459.29
3.234.	<b>Nonpriority creditor's name and mailing address</b> ROMERO, RICARDO 3780 COUNTY RD 8 HEREFORD TX 79045  <b>Date or dates debt was incurred</b> 2/7/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.235.	<b>Nonpriority creditor's name and mailing address</b> ROQUES, ANTOINETTE 14125 CORNERSTONE VILLAGE DR #101 HOUSTON TX 77014  <b>Date or dates debt was incurred</b> 7/7/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.236.	<b>Nonpriority creditor's name and mailing address</b> ROSEMONT SUMMIT OPERATING, LLC P.O. BOX 203525 DALLAS TX 75320-3525  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 8345	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,244.15
3.237.	<b>Nonpriority creditor's name and mailing address</b> ROYAL CUP COFFEE PO BOX 206011 DALLAS TX 75320-6011  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 1681	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$191.19

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3.238.	<b>Nonpriority creditor's name and mailing address</b> RUBINO, EMMA 1459 CANTER LANE BARTLETT IL 60103  <b>Date or dates debt was incurred</b> 7/16/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.239.	<b>Nonpriority creditor's name and mailing address</b> RUBINO, EMMA 1459 CANTER LANE BARTLETT IL 60103  <b>Date or dates debt was incurred</b> 12/14/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.240.	<b>Nonpriority creditor's name and mailing address</b> RYAN, LLC PO BOX 848351 DALLAS TX 75284-8351  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$27,144.48

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<b>3.241. Nonpriority creditor's name and mailing address</b> SAINT-CIR, EMALEINE 10432 MAJESTIC CIR NAPLES FL 34114  <b>Date or dates debt was incurred</b> 2/28/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.242. Nonpriority creditor's name and mailing address</b> SALARY.COM LLC PO BOX 844048 BOSTON MA 02284-4048  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 3458	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,390.41
<b>3.243. Nonpriority creditor's name and mailing address</b> SAMUEL, CANAKEISHA 1200 LIGHT ROAD APT 205 OSWEGO IL 60543  <b>Date or dates debt was incurred</b> 8/8/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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<b>3.244. Nonpriority creditor's name and mailing address</b> SARAH KELLEY 8010 KEW GARDENS CT WAXHAW NC 28173  <b>Date or dates debt was incurred</b> 1/7/2019  <b>Last 4 digits of account number:</b> 2029	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> EEOC/DISCRIMINATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.245. Nonpriority creditor's name and mailing address</b> SARAH RHOTEN, AS EXECUTRIX ON BEHALF OF MYRA GAIL RHOTEN C/O JEFFREY KAITCER LOE, WARREN, ROSENFELD, KAITCER, HIBBS, WINDSOR & WOLFFARTH, P.C 4420 W. VICKERY BLVD FORT WORTH TEXAS 76107  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.246. Nonpriority creditor's name and mailing address</b> SAS ARCHITECTS & PLANNERS 630 DUNDEE RD., STE. 110 NORTHBROOK IL 60062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ARCHITECTURAL SERVICES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,675.00



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<b>3.247. Nonpriority creditor's name and mailing address</b> SCHECHTEL, BARBARA 810 OLD OAK CIRCLE ALGONQUIN IL 60102  <b>Date or dates debt was incurred</b> 3/1/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.248. Nonpriority creditor's name and mailing address</b> SCOTT, ANGEKIA 3301 BETHESDA TER ACWORTH GA 30101  <b>Date or dates debt was incurred</b> 4/14/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.249. Nonpriority creditor's name and mailing address</b> SCOTT, STEVEN 312D WOODCREEK DR APT 211 BOLINGBROOK IL 60440  <b>Date or dates debt was incurred</b> 11/6/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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<b>3.250. Nonpriority creditor's name and mailing address</b> SELEMNE FRUCTOSO 126 ALLENHURST STREET SAN ANTONIO TX 78227  <b>Date or dates debt was incurred</b> 4/1/2019  <b>Last 4 digits of account number:</b> 7652	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.251. Nonpriority creditor's name and mailing address</b> SELITA GRIFFIN 3200 W. SAM HOUSTON PKWY S HOUSTON TX 77042  <b>Date or dates debt was incurred</b> 10/25/2017  <b>Last 4 digits of account number:</b> 2029	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> EEOC/DISCRIMINATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.252. Nonpriority creditor's name and mailing address</b> SEPULVEDA, KAREN 620 S LIBERTY ST ELGIN IL 60120  <b>Date or dates debt was incurred</b> 9/5/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.253.	<b>Nonpriority creditor's name and mailing address</b> SERVICETRAC SERVICETRAC 9382 E. BAHIA DRIVE SUITE B202 SCOTTSDALE AZ 85260  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$585.94
3.254.	<b>Nonpriority creditor's name and mailing address</b> SHANNA RACKLEY P.O. BOX 31 WELLSTON OK 74881  <b>Date or dates debt was incurred</b> 3/28/2019  <b>Last 4 digits of account number:</b> 7652	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.255.	<b>Nonpriority creditor's name and mailing address</b> SHENEKA BALLARD 15835 BAZELBRIAR MISSOURI CITY TX 77489  <b>Date or dates debt was incurred</b> 1/18/2018  <b>Last 4 digits of account number:</b> 2029	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> EEOC/DISCRIMINATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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<b>3.256. Nonpriority creditor's name and mailing address</b> SHORT, BRITTANY 175 SOUTHLAKE DR ROCKWALL TX 75032  <b>Date or dates debt was incurred</b> 11/8/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.257. Nonpriority creditor's name and mailing address</b> SILVA, MARIA 10851 W MONTFAIR BLVD APT 4310 THE WOODLANDS TX 77382  <b>Date or dates debt was incurred</b> 5/1/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.258. Nonpriority creditor's name and mailing address</b> SILVA, RUBEN 222 LOMA LINDA AMARILLO TX 79118  <b>Date or dates debt was incurred</b> 9/12/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.259.	<b>Nonpriority creditor's name and mailing address</b> SILVERADO INTERESTS HOLDINGS, LLC 8235 DOUGLAS AVENUE SUITE 350 DALLAS TX 75225  <b>Date or dates debt was incurred</b> 09/2016 TO 11/2017  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> NOTES PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,700,000.00
3.260.	<b>Nonpriority creditor's name and mailing address</b> SIMMONS BANK P.O. BOX 7009 PINE BLUFF AR 71611  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.261.	<b>Nonpriority creditor's name and mailing address</b> SIMMONS, MARKESHA 12264 BOB WHITE DR HOUSTON TX 77035  <b>Date or dates debt was incurred</b> 5/10/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.262.	<b>Nonpriority creditor's name and mailing address</b> SMITH, TIMOTHY 1932 S HICKORY PL BROKEN ARROW OK 74012  <b>Date or dates debt was incurred</b> 6/11/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.263.	<b>Nonpriority creditor's name and mailing address</b> SMITH, TYNIKQUA 3550 TIMBERGLEN RD #29 DALLAS TX 75287  <b>Date or dates debt was incurred</b> 10/5/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.264.	<b>Nonpriority creditor's name and mailing address</b> SOUTH BARRINGTON MEMORY CARE, LLC 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY PAYABLES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$612,634.25

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<p>3.265. <b>Nonpriority creditor's name and mailing address</b></p> <p>SOUTHPAW LIVE 545 E. JOHN CARPENTER FREEWAY STE 670 IRVING TX 75062</p> <p><b>Date or dates debt was incurred</b></p> <p>_____</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>SECURITY DEPOSIT HELD FOR SUBLEASES</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$10,463.46</p>
<p>3.266. <b>Nonpriority creditor's name and mailing address</b></p> <p>SOUTHWEST OKLAHOMA CITY MEMORY CARE, LLC 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>INTERCOMPANY PAYABLES</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$75,722.81</p>
<p>3.267. <b>Nonpriority creditor's name and mailing address</b></p> <p>SPARKLE LEWIS-PHILLIPS 307 D WOODCREEK DRIVE APT# 308 BOLINGBROOK IL 60440</p> <p><b>Date or dates debt was incurred</b></p> <p>3/19/2018</p> <p><b>Last 4 digits of account number:</b> 7652</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>WORKERS COMPENSATION CLAIM</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>

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3.268.	<b>Nonpriority creditor's name and mailing address</b> STAPLES BUSINESS ADVANTAGE PO BOX 660409 DALLAS TX 75266-0409  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 3617	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,841.17
3.269.	<b>Nonpriority creditor's name and mailing address</b> STAPLES TECHNOLOGY SOLUTIONS P.O. BOX 95230 CHICAGO IL 60694-5230  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 4500	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> COPIER SUPPLIES AND MAINTENANCE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,131.20
3.270.	<b>Nonpriority creditor's name and mailing address</b> STEPHANIE DIXON 1114 MOHAWK DRIVE ELGIN IL 60120  <b>Date or dates debt was incurred</b> 3/14/2018  <b>Last 4 digits of account number:</b> 7652	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED



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3.271.	<b>Nonpriority creditor's name and mailing address</b> STERLING TALENT SOLUTIONS NEWARK POST OFFICE PO BOX 36482 NEWARK NJ 07193-6482  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 8862	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RECRUITING SERVICES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,192.54
3.272.	<b>Nonpriority creditor's name and mailing address</b> STROM, DONNA 2296 W NICHOLS RD ARLINGTON HEIGHTS IL 60004  <b>Date or dates debt was incurred</b> 10/21/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.273.	<b>Nonpriority creditor's name and mailing address</b> STYERS, GLORIA 7303 SPRING CYPRESS RD. APT #412 SPRING TX 77379  <b>Date or dates debt was incurred</b> 2/16/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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<b>3.274. Nonpriority creditor's name and mailing address</b> SYSCO PO BOX 560700 LEWISVILLE TX 75056-0700  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 4131	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> FOOD VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$51,208.00
<b>3.275. Nonpriority creditor's name and mailing address</b> TAEKSUM HELMS 620 FAWN MEADOW TRAIL KENNEDALE TX 76060  <b>Date or dates debt was incurred</b> UNKNOWN (2019)  <b>Last 4 digits of account number:</b> 2029	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> EEOC/DISCRIMINATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.276. Nonpriority creditor's name and mailing address</b> TCF NATIONAL BANK 1405 XENIUM LANE PLYMOUTH MN 55441  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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<b>3.277. Nonpriority creditor's name and mailing address</b> TCG - THE CREATIVE GROUP P.O. BOX 743295 LOS ANGELES CA 90074-3295  <b>Date or dates debt was incurred</b> 12/17/2018  <b>Last 4 digits of account number:</b> 9000	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$85.94
<b>3.278. Nonpriority creditor's name and mailing address</b> TERILYN COLLINS PO BOX 48234 FORT WORTH TX 76148  <b>Date or dates debt was incurred</b> 8/26/2018  <b>Last 4 digits of account number:</b> 2029	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> EEOC/DISABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.279. Nonpriority creditor's name and mailing address</b> TEX-AIR FILTER/AIR RELIEF TECHNOLOGIES 5757 EAST ROSEDALE STREET FORT WORTH TX 76112  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,210.17

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3.280.	<b>Nonpriority creditor's name and mailing address</b> TEXAS CAPITAL BANK 2350 LAKESIDE BLVD. SUITE 800 RICHARDSON TX 75082  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.281.	<b>Nonpriority creditor's name and mailing address</b> THE AMERICAN NATIONAL BANK OF TEXAS, N.A C/O ARNALL GOLDEN GREGORY, LLP 17TH STREET NW, SUITE 2100 ATLANTA GA 30363  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.282.	<b>Nonpriority creditor's name and mailing address</b> THE DALLAS MORNING NEWS, INC PO BOX 630054 DALLAS TX 75263-0054  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 9916	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$23.81

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3.283.	<b>Nonpriority creditor's name and mailing address</b> THE LASALLE GROUP, INC. D/B/A CONSTANT CARE MANAGEMENT COMPANY FOR THE BENEFIT OF YARDI SYSTEMS P.O. BOX 82572 GOLETA CA 93118-2572  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 1766	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SOFTWARE SUBSCRIPTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$16,588.95
3.284.	<b>Nonpriority creditor's name and mailing address</b> THE VILLAGE AT SILVER SAGE 6363 WOODWAY DRIVE SUITE 410 HOUSTON TX 77057  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$12,246.03
3.285.	<b>Nonpriority creditor's name and mailing address</b> THE WOODLANDS MEMORY CARE, LLC 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY PAYABLES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$1,542,825.68

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<b>3.286. Nonpriority creditor's name and mailing address</b> TIMOTHY GREENE AND KAYE SHEETS, INDIVIDUALLY AND TIMOTHY GREEN ON BEHALF OF THE ESTATE OF EULA GREENE C/O JONATHAN PARRIS GOOD LAW GROUP, LLC P.O. BOX 2415 GAINESVILLE GEORGIA 30503  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.287. Nonpriority creditor's name and mailing address</b> TLG FAMILY MANAGEMENT 545 E. JOHN CARPENTER FRWY #500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY REIMBURSABLE VENDOR EXPENSES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$112,670.41
<b>3.288. Nonpriority creditor's name and mailing address</b> TLG FAMILY MANAGEMENT 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY PAYABLES & NOTE PAYABLE  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$6,878,148.52

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3.289.	<b>Nonpriority creditor's name and mailing address</b> TLG FAMILY MANAGEMENT FOR THE BENEFIT OF THE BUNKER HILL BUILDING 9525 KATY FREEWAY SUITE 215 HOUSTON TX 77024  <b>Date or dates debt was incurred</b> 5/1/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PRO-RATA RENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$71.06
3.290.	<b>Nonpriority creditor's name and mailing address</b> TMA APARTMENTS, INC. 1110 ASPEN COURT ROCKWALL TX 75087  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> NOTES PAYABLE  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$750,000.00
3.291.	<b>Nonpriority creditor's name and mailing address</b> TOBIN, ANNA 2534 BISONTINE ST FRIENDSWOOD TX 77546  <b>Date or dates debt was incurred</b> 11/19/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.292.	<b>Nonpriority creditor's name and mailing address</b> TOWNE LAKE MEMORY CARE, LLC 545 E JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY PAYABLES  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$39,943.66
3.293.	<b>Nonpriority creditor's name and mailing address</b> TOWNE LAKE MEMORY CARE, LLC FOR THE BENEFIT OF CHICAGO TITLE INSURANCE COMPANY 5565 GLENRIDGE CONNECTOR STE 300 ATLANTA GA 30342  <b>Date or dates debt was incurred</b> 4/3/2019  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TITLE COMPANY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,226.00
3.294.	<b>Nonpriority creditor's name and mailing address</b> TUCKER, AMIE 6511 W RIDGECREEK DR MISSOURI CITY TX 77489  <b>Date or dates debt was incurred</b> 6/3/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED



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3.295.	<b>Nonpriority creditor's name and mailing address</b> UNDERWOOD ATTORNEYS AT LAW PO BOX 9158 AMARILLO TX 79105-9158  <b>Date or dates debt was incurred</b> 5/17/2017  <b>Last 4 digits of account number:</b> 1003	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LEGAL FEES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$11.34
3.296.	<b>Nonpriority creditor's name and mailing address</b> UNIFORM WIZARD 826 N. HOAGLAND BLVD KISSIMMEE FL 34741  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,132.50
3.297.	<b>Nonpriority creditor's name and mailing address</b> UNITED COMMUNITY BANK 1400 AUGUSTA STREET GREENVILLE SC 29605  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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<b>3.298. Nonpriority creditor's name and mailing address</b> UNIVERSAL ENGINEERING SCIENCES PO BOX 25316 TAMPA FL 33622-5316  <b>Date or dates debt was incurred</b> 7/22/2016  <b>Last 4 digits of account number:</b> 0061	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENGINEERING SERVICES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$200.00
<b>3.299. Nonpriority creditor's name and mailing address</b> US FOODS, INC. FISH LICENSE #17108 P.O. BOX 843202 DALLAS TX 75284-3202  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 2020	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> FOOD VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$24,063.63
<b>3.300. Nonpriority creditor's name and mailing address</b> USAM, LEAH 322 HICKORY OAKS DR BOLINGBROOK IL 60490  <b>Date or dates debt was incurred</b> 12/23/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.301.	<b>Nonpriority creditor's name and mailing address</b> VAZQUEZ, STEPHANIE 2944 GEORGE ST FRANKLIN PARK IL 60131  <b>Date or dates debt was incurred</b> 1/13/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.302.	<b>Nonpriority creditor's name and mailing address</b> VERIZON WIRELESS PO BOX 660108 DALLAS TX 75266-0108  <b>Date or dates debt was incurred</b> 4/18/2019  <b>Last 4 digits of account number:</b> 7714	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$401.19
3.303.	<b>Nonpriority creditor's name and mailing address</b> VERONICA EDWARDS C/O STEPHEN MARTAY MARTAY LAW OFFICE 134 N. LASALLE STREET 9TH FLOOR CHICAGO IL 60602  <b>Date or dates debt was incurred</b> 2/8/2019  <b>Last 4 digits of account number:</b> 5202	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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<b>3.304. Nonpriority creditor's name and mailing address</b> VERTICAL EDGE CONSULTING GROUP 11595 NORTH MERIDIAN ST STE 510 CARMEL IN 46032  <b>Date or dates debt was incurred</b> 2/13/2019  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ARLINGTON LEASE REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,290.00
<b>3.305. Nonpriority creditor's name and mailing address</b> VIOLETA FLORES 10907 STEVE MILE HOUSTON TX 77093  <b>Date or dates debt was incurred</b> 11/27/2018  <b>Last 4 digits of account number:</b> 7652	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.306. Nonpriority creditor's name and mailing address</b> VMG HEALTH PO BOX 674046 DALLAS TX 75267-4046  <b>Date or dates debt was incurred</b> 10/15/2018  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> APPRAISAL REPORT SERVICES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$10,350.00

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3.307.	<b>Nonpriority creditor's name and mailing address</b> VORROHEALTH PO BOX 1185 FARMINGTON UT 84025  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> NONE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$370.92
3.308.	<b>Nonpriority creditor's name and mailing address</b> WERNER, CAROL 20051 SUNSHINE RIDGE LN CYPRESS TX 77429  <b>Date or dates debt was incurred</b> 9/23/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.309.	<b>Nonpriority creditor's name and mailing address</b> WHITE, KIA PO BOX 3043 ROCK HILL SC 29732  <b>Date or dates debt was incurred</b> 2/1/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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<b>3.310. Nonpriority creditor's name and mailing address</b> WILLIAMS, TARA 1132 N 9TH ST BLUE SPRINGS MO 64014  <b>Date or dates debt was incurred</b> 6/21/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.311. Nonpriority creditor's name and mailing address</b> WILSON, ROMEL 5951 EAST 72ND STREET APT 2001 TULSA OK 74136  <b>Date or dates debt was incurred</b> 12/18/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.312. Nonpriority creditor's name and mailing address</b> XAVIER, SAINU 2115 S. TONNE DR. APT #110 ARLINGTON HEIGHTS IL 60005  <b>Date or dates debt was incurred</b> 12/25/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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<b>3.313. Nonpriority creditor's name and mailing address</b> XEROX CORPORATION PO BOX 827598 PHILADELPHIA PA 19182-7598  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 4384	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> IT SERVICES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$58.35
<b>3.314. Nonpriority creditor's name and mailing address</b> YANEZ, MARIAH 2420 LAURELWOOD DR #318 ARLINGTON TX 76010  <b>Date or dates debt was incurred</b> 12/17/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM WITHIN 1 YEAR OF FILING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.315. Nonpriority creditor's name and mailing address</b> ZOHO CORPORATION PO BOX 894926 LOS ANGELES CA 90189-4926  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 3407	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> IT SERVICES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$282.36

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484****Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
AMBER GARNETT ADJUSTER GREAT AMERICAN ALLIANCE INSURANCE COMPANY 301 4TH STREET CINCINNATI OH 45202	Part 2 line 3.166	_____
AMBER GARNETT ADJUSTER GREAT AMERICAN ALLIANCE INSURANCE COMPANY 301 4TH STREET CINCINNATI OH 45202	Part 2 line 3.254	_____
AMBER GARNETT ADJUSTER GREAT AMERICAN ALLIANCE INSURANCE COMPANY 301 4TH STREET CINCINNATI OH 45202	Part 2 line 3.135	_____
ANGELA D. GREEN OGLETREE, DEAKINS, NASH, SMAOK & STEWART 8117 PRESTON ROAD SUITE 500 DALLAS TX 75225	Part 2 line 3.156	_____
ANN GUILD ILLINOIS DEPARTMENT OF HUMAN RIGHTS 100 WEST RANDOLPH STREET SUITE 10-100 CHICAGO IL 60601	Part 2 line 3.64	_____
BRETT TIMMONS LAW OFFICES OF BRIAN J. JUDIS 700 N. PEARL STREET, SUITE 425 DALLAS TEXAS 75201	Part 2 line 3.245	_____
BRETT TIMMONS LAW OFFICES OF BRIAN J. JUDIS 700 N. PEARL STREET, SUITE 425 DALLAS TEXAS 75201	Part 2 line 3.140	_____
BRIAN LAUTEN 3811 TURTLE CREEK BLVD SUITE 1450 DALLAS TEXAS 75219	Part 2 line 3.21	_____
BRIAN LAUTEN 3811 TURTLE CREEK BLVD SUITE 1450 DALLAS TEXAS 75219	Part 2 line 3.21	_____
BRIAN LAUTEN 3811 TURTLE CREEK BLVD SUITE 1450 DALLAS TEXAS 75219	Part 2 line 3.24	_____



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BRIAN LAUTEN  
3811 TURTLE CREEK BLVD  
SUITE 1450  
DALLAS TEXAS 75219

Part 2 line 3.23

---

BRIAN LAUTEN  
3811 TURTLE CREEK BLVD  
SUITE 1450  
DALLAS TEXAS 75219

Part 2 line 3.43

---

BRIAN LAUTEN  
3811 TURTLE CREEK BLVD  
SUITE 1450  
DALLAS TEXAS 75219

Part 2 line 3.32

---

BRIAN LAUTEN  
3811 TURTLE CREEK BLVD  
SUITE 1450  
DALLAS TEXAS 75219

Part 2 line 3.114

---

BRIAN LAUTEN  
3811 TURTLE CREEK BLVD  
SUITE 1450  
DALLAS TEXAS 75219

Part 2 line 3.203

---

BRIAN LAUTEN  
3811 TURTLE CREEK BLVD  
3811 TURTLE CREEK BLVD  
SUITE 1450  
DALLAS TEXAS 75219

Part 2 line 3.218

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BRYAN CAVE LEIGHTON PAISNER LLP  
TRINITEE G. GREEN  
161 NORTH CLARK STREET, SUITE 4300  
CHICAGO IL 60601-3315

Part 2 line 3.299

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C/O ARNALL GOLDEN GREGORY, LLP  
17TH STREET NW, SUITE 2100  
ATLANTA GA 30363

Part 2 line 3.281

---

C/O COLLEEN DEROSA  
OGLETREE, DEAKINS, NASH, ET AL.  
155 NORTH WACKER DRIVE  
SUITE 4300  
CHICAGO IL 60606

Part 2 line 3.17

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C/O COURTNEY BOWLINE  
DEANS & LYONS, LLP  
325 NORTH ST. PAUL STREET, SUITE 1500  
DALLAS TEXAS 75201

Part 2 line 3.43

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C/O CURTIS CLINESMITH  
THE CLINESMITH FIRM  
325 N. ST. PAUL, 29TH FLOOR  
DALLAS TEXAS 75201

Part 2 line 3.140

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C/O DAVID FISH  
THE FISH LAW FIRM, PC  
200 E. 5TH AVENUE  
SUITE 123  
NAPERVILLE IL 60563

Part 2 line 3.17

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C/O DAVID GORDON  
POL SINELLI  
1201 W. PEACHTREE STREET, SUITE 110  
ATLANTA GA 30309

Part 2 line 3.192

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C/O DAVID O'DENS  
SETTLEPOU  
333 LEE PARKWAY, 8TH FLOOR  
DALLAS TEXAS 75219

Part 2 line 3.218

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Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

C/O DUNN SHEEHAN  
400 CARLILE STREET, SUITE 200  
DALLAS TEXAS 75304

Part 2 line 3.21

C/O DUNN SHEEHAN  
400 CARLILE STREET, SUITE 200  
DALLAS TEXAS 75304

Part 2 line 3.22

C/O DUNN SHEEHAN  
400 CARLILE STREET, SUITE 200  
DALLAS TEXAS 75304

Part 2 line 3.24

C/O DUNN SHEEHAN  
400 CARLILE STREET, SUITE 200  
DALLAS TEXAS 75304

Part 2 line 3.23

C/O FAYSSOUX & LANDIS  
P.O. BOX 10207  
209 E. WASHINGTON STREET  
GREENVILLE SOUTH CAROLINA 29601

Part 2 line 3.82

C/O GREGORY SUDBURY  
QUILLING, SELANDER, LOWNDS, WINSLETT &  
MOSER, P.C.  
2001 BRYAN STREET, SUITE 1800  
DALLAS TEXAS 75201

Part 2 line 3.32

C/O JASON WAYMIRE  
WILLIAMS, MORRIS & WAYMIRE  
4330 S. LEE STREET, BLDG 400, SUITE A  
BUFORD GEORGIA 30518

Part 2 line 3.58

C/O JEFF MAYES  
OGLETREE, DEAKINS, NASH, ET AT  
ONE ALLEN CENTER  
SUITE 500  
DALLAS TX 77002

Part 2 line 3.162

C/O JEFFREY KAITCER  
LOE, WARREN, ROSENFELD, KAITCER, HIBBS,  
WINDSOR & WOLFFARTH, P.C.  
4420 W. VICKERY BLVD  
FORT WORTH TEXAS 76107

Part 2 line 3.245

C/O JONATHAN PARRIS  
GOOD LAW GROUP, LLC  
P.O. BOX 2415  
GAINESVILLE GEORGIA 30503

Part 2 line 3.286

C/O KENNETH JOHNSON  
JOHNSON & PRATT  
1717 MAIN STREET, SUITE 3000  
DALLAS TEXAS 75201

Part 2 line 3.45

C/O LAURA HANSEN  
FOX ROTHSCHILD, LLP  
1001 FOURTH AVENUE, SUITE 4500  
SEATTLE WASHINGTON 98154

Part 2 line 3.2

C/O MAZAN SBAITI  
SBAITI & COMPANY, PLLC  
1201 ELM STREET, SUITE 4010  
DALLAS TEXAS 75270

Part 2 line 3.203

C/O PAT NELIGAN  
NELIGAN, LLP  
325 NORTH ST. PAUL STREET, SUITE 3600  
DALLAS TEXAS 75201

Part 2 line 3.45

C/O STEPHEN BRUCE  
P.O. BOX 808  
EDMOND OK 73083

Part 2 line 3.86

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

C/O STEPHEN W. LEMMON  
STRESUAND, LANDON, OZBURN & LEMMON, LLP  
811 BARTON SPRINGS RAD, SUITE 811  
AUSTON TEXAS 78704

Part 2 line 3.114

CHAPMAN AND CUTLER  
111 WEST MONROE STREET  
CHICAGO IL 60603

Part 2 line 3.41

CHRIS FAGAN  
QBE SPECIALTY INSURANCE  
ATTN: CLAIMS  
55 WATER STREET  
NEW YORK NY 10041

Part 2 line 3.209

CHRIS FAGAN  
QBE SPECIALTY INSURANCE  
ATTN: CLAIMS  
55 WATER STREET  
NEW YORK NY 10041

Part 2 line 3.5

COLLEEN DEROSA  
OGLETREE, DEAKINS, NASH, SMAOK & STEWART  
PO BOX 89  
COLUMBIA SC 29202

Part 2 line 3.149

DANIELLE CLARK  
ADJUSTER  
GREAT AMERICAN ALLIANCE INSURANCE  
COMPANY  
301 4TH STREET  
CINCINNATI OH 45202

Part 2 line 3.136

DREW GRAHAM  
LAW OFFICES OF ERIC ANDERSON  
1851 E. FIRST STREET  
SANTA ANA CA 92705

Part 2 line 3.58

GLADYS MARRERO  
ENFORCEMENT INVESTIGATOR  
EEOC DALLAS DISTRICT OFFICE  
207 S. HOUSTON STREET  
3RD FLOOR  
DALLAS TX 75202

Part 2 line 3.278

GREAT AMERICAN ALLIANCE INSURANCE  
COMPANY  
ATTN: CLAIMS  
301 4TH STREET  
CINCINNATI OH 45202

Part 2 line 3.303

HEDRICK KRING PLLC  
KATHARINE BATTIA CLARK,ESQ  
1700 PACIFIC AVE.,STE 4650  
DALLAS TX 75201

Part 2 line 3.287

HEDRICK KRING PLLC  
KATHARINE BATTIA CLARK,ESQ  
1700 PACIFIC AVE.,STE 4650  
DALLAS TX 75201

Part 2 line 3.283

JENNIFER TAYLOR  
ADJUSTER  
GREAT AMERICAN ALLIANCE INSURANCE  
COMPANY  
301 4TH STREET  
CINCINNATI OH 45202

Part 2 line 3.223

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

JENNIFER TAYLOR  
ADJUSTER  
GREAT AMERICAN ALLIANCE INSURANCE  
COMPANY  
301 4TH STREET  
CINCINNATI OH 45202

Part 2 line 3.170

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JUDIE TRUDEL  
ADJUSTER  
GREAT AMERICAN ALLIANCE INSURANCE  
COMPANY  
301 4TH STREET  
CINCINNATI OH 45202

Part 2 line 3.141

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KATHY DEGROOT  
ADJUSTER  
GREAT AMERICAN ALLIANCE INSURANCE  
COMPANY  
301 4TH STREET  
CINCINNATI OH 45202

Part 2 line 3.305

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LINEBARGER GOGGAN BLAIR & SAMPSON LLP  
LAURIE A SPINDLER,ESQ  
2777 N STEMMONS FREEWAY STE 1000  
DALLAS TX 75207

Part 1 line 2.2

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LINEBARGER GOGGAN BLAIR & SAMPSON LLP  
LAURIE A SPINDLER,ESQ  
2777 N STEMMONS FREEWAY STE 1000  
DALLAS TX 75207

Part 1 line 2.4

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LORNA BALTIMORE  
ADJUSTER  
GREAT AMERICAN ALLIANCE INSURANCE  
COMPANY  
301 4TH STREET  
CINCINNATI OH 45202

Part 2 line 3.182

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LORNA BALTIMORE  
ADJUSTER  
GREAT AMERICAN ALLIANCE INSURANCE  
COMPANY  
301 4TH STREET  
CINCINNATI OH 45202

Part 2 line 3.169

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LORNA BALTIMORE  
ADJUSTER  
GREAT AMERICAN ALLIANCE INSURANCE  
COMPANY  
301 4TH STREET  
CINCINNATI OH 45202

Part 2 line 3.158

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MARGARET RUSSO  
ADJUSTER  
GREAT AMERICAN ALLIANCE INSURANCE  
COMPANY  
301 4TH STREET  
CINCINNATI OH 45202

Part 2 line 3.270

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MARGARET RUSSO  
ADJUSTER  
GREAT AMERICAN ALLIANCE INSURANCE  
COMPANY  
301 4TH STREET  
CINCINNATI OH 45202

Part 2 line 3.267

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MARGARET RUSSO  
ADJUSTER  
GREAT AMERICAN ALLIANCE INSURANCE  
COMPANY  
301 4TH STREET  
CINCINNATI OH 45202

Part 2 line 3.227

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Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

MARGARET RUSSO  
ADJUSTER  
GREAT AMERICAN ALLIANCE INSURANCE  
COMPANY  
301 4TH STREET  
CINCINNATI OH 45202

Part 2 line 3.75

MARY CHAMBERS  
ADJUSTER  
GREAT AMERICAN ALLIANCE INSURANCE  
COMPANY  
301 4TH STREET  
CINCINNATI OH 45202

Part 2 line 3.150

MOIRE MORON  
QBE SPECIALTY INSURANCE  
ATTN: CLAIMS  
55 WATER STREET  
NEW YORK NY 10041

Part 2 line 3.20

MOIRE MORON  
QBE SPECIALTY INSURANCE  
ATTN: CLAIMS  
55 WATER STREET  
NEW YORK NY 10041

Part 2 line 3.26

MOIRE MORON  
QBE SPECIALTY INSURANCE  
ATTN: CLAIMS  
55 WATER STREET  
NEW YORK NY 10041

Part 2 line 3.251

MOIRE MORON  
QBE SPECIALTY INSURANCE  
ATTN: CLAIMS  
55 WATER STREET  
NEW YORK NY 10041

Part 2 line 3.255

MOIRE MORON  
QBE SPECIALTY INSURANCE  
ATTN: CLAIMS  
55 WATER STREET  
NEW YORK NY 10041

Part 2 line 3.162

MONET ILLE  
ADJUSTER  
GREAT AMERICAN ALLIANCE INSURANCE  
COMPANY  
301 4TH STREET  
CINCINNATI OH 45202

Part 2 line 3.138

OGLETREE, DEAKINS, NASH, SMAOK & STEWART  
8117 PRESTON ROAD  
SUITE 500  
DALLAS TX 75225

Part 2 line 3.278

QBE SPECIALTY INSURANCE  
ATTN: CLAIMS  
55 WATER STREET  
NEW YORK NY 10041

Part 2 line 3.149

QBE SPECIALTY INSURANCE  
ATTN: CLAIMS  
55 WATER STREET  
NEW YORK NY 10041

Part 2 line 3.64

QBE SPECIALTY INSURANCE  
ATTN: CLAIMS  
55 WATER STREET  
NEW YORK NY 10041

Part 2 line 3.244

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

QBE SPECIALTY INSURANCE  
ATTN: CLAIMS  
55 WATER STREET  
NEW YORK NY 10041

Part 2 line 3.278

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QBE SPECIALTY INSURANCE  
ATTN: CLAIMS  
55 WATER STREET  
NEW YORK NY 10041

Part 2 line 3.278

---

QBE SPECIALTY INSURANCE  
ATTN: CLAIMS  
55 WATER STREET  
NEW YORK NY 10041

Part 2 line 3.275

---

SHANNON A LANG  
LANG & ASSOCIATES, PLLC  
4301 YOAKUM BLVD  
HOUSTON TX 77006

Part 2 line 3.162

---

SPENCER SPOFFORD  
ADJUSTER  
GREAT AMERICAN ALLIANCE INSURANCE  
COMPANY  
301 4TH STREET  
CINCINNATI OH 45202

Part 2 line 3.104

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SPENCER SPOFFORD  
ADJUSTER  
GREAT AMERICAN ALLIANCE INSURANCE  
COMPANY  
301 4TH STREET  
CINCINNATI OH 45202

Part 2 line 3.210

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SPENCER SPOFFORD  
ADJUSTER  
GREAT AMERICAN ALLIANCE INSURANCE  
COMPANY  
301 4TH STREET  
CINCINNATI OH 45202

Part 2 line 3.250

---

TEXAS COMPTROLLER OF PUBLIC ACCTS  
PO BOX 13528 CAPITOL STATION  
AUSTIN TX 78711-3528

Part 1 line 2.10

---

US EQUAL EMPLOYMENT OPPORTUNITY  
COMMISSION  
MICKEY LELAND BUILDING  
1919 SMITH STREET, 6TH FLOOR  
HOUSTON TX 77002

Part 2 line 3.26

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US EQUAL EMPLOYMENT OPPORTUNITY  
COMMISSION  
207 S. HOUSTON STREET  
3RD FLOOR  
DALLAS TX 75202

Part 2 line 3.20

---

US EQUAL EMPLOYMENT OPPORTUNITY  
COMMISSION  
MICKEY LELAND BUILDING  
1919 SMITH STREET, 6TH FLOOR  
HOUSTON TX 77002

Part 2 line 3.251

---

US EQUAL EMPLOYMENT OPPORTUNITY  
COMMISSION  
MICKEY LELAND BUILDING  
1919 SMITH STREET, 6TH FLOOR  
HOUSTON TX 77002

Part 2 line 3.255

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Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

US EQUAL EMPLOYMENT OPPORTUNITY  
COMMISSION  
JCK FEDERAL BUILDING  
230 S. DEARBORN STEET  
CHICAGO IL 60604

Part 2 line 3.209

US EQUAL EMPLOYMENT OPPORTUNITY  
COMMISSION  
JCK FEDERAL BUILDING  
230 S. DEARBORN STEET  
CHICAGO IL 60604

Part 2 line 3.149

US EQUAL EMPLOYMENT OPPORTUNITY  
COMMISSION  
215 DEAN A MCKEE AVENUE  
SUITE 524  
OKLAHOMA CITY OK 73102

Part 2 line 3.5

US EQUAL EMPLOYMENT OPPORTUNITY  
COMMISSION  
JCK FEDERAL BUILDING  
230 S. DEARBORN STEET  
CHICAGO IL 60604

Part 2 line 3.303

US EQUAL EMPLOYMENT OPPORTUNITY  
COMMISSION  
JCK FEDERAL BUILDING  
230 S. DEARBORN STEET  
CHICAGO IL 60604

Part 2 line 3.64

US EQUAL EMPLOYMENT OPPORTUNITY  
COMMISSION  
301 MAIN STREET  
SUITE 1402  
GREENVILLE SC 29601-9916

Part 2 line 3.244

US EQUAL EMPLOYMENT OPPORTUNITY  
COMMISSION  
JCK FEDERAL BUILDING  
230 S. DEARBORN STEET  
CHICAGO IL 60604

Part 2 line 3.275

US EQUAL EMPLOYMENT OPPORTUNITY  
COMMISSION  
207 S. HOUSTON STREET  
3RD FLOOR  
DALLAS TX 75202

Part 2 line 3.255

WINSTEAD PC  
MIKE MASSAD; JASON ENRIGHT  
500 WINSTEAD BUILDING  
2728 N HARWOOD ST  
DALLAS TX 75201

Part 2 line 3.259

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484****Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

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**5. Add the amounts of priority and nonpriority unsecured claims.**

			Total of claim amounts
<b>5a. Total claims from Part 1</b>	5a.		\$37,346.82
<b>5b. Total claims from Part 2</b>	5b.	+	\$38,736,867.66
<b>5c. Total of Parts 1 and 2</b> Lines 5a + 5b = 5c.	5c.		\$38,774,214.48



**Fill in this information to identify the case:****Debtor name:** The LaSalle Group, Inc.**United States Bankruptcy Court for the:** Northern District of Texas**Case number (if known):** 19-31484☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. **Title of contract** REFERRAL AGREEMENT

**State what the contract or lease is for** CUSTOMER REFERRAL SERVICE

**Nature of debtor's interest** CONTRACT PARTY

**State the term remaining** 30 DAYS

**List the contract number of any government contract** \_\_\_\_\_

A PLACE FOR MOM, INC.  
704 FIFTH STREET  
SUITE 3200  
SEATTLE WA 98104

2.2. **Title of contract** SERVICE AND EQUIPMENT CONTRACT

**State what the contract or lease is for** PHONE SYSTEM FOR AMARILLO

**Nature of debtor's interest** LESSEE

**State the term remaining** 1 MONTH

**List the contract number of any government contract** \_\_\_\_\_

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

ACCESS POINT, INC.  
1100 CRESCENT GREEN  
SUITE 109  
CARY NC 27518

2.3. **Title of contract** SERVICE AND EQUIPMENT CONTRACT

**State what the contract or lease is for** PHONE SYSTEM FOR ESTERO

**Nature of debtor's interest** LESSEE

**State the term remaining** UNKNOWN

**List the contract number of any government contract** \_\_\_\_\_

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

ACCESS POINT, INC.  
1100 CRESCENT GREEN  
SUITE 109  
CARY NC 27518

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

- 2.4. **Title of contract** SERVICE AND EQUIPMENT CONTRACT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PHONE SYSTEM FOR OVERLAND PARK
- Nature of debtor's interest** LESSEE ACCESS POINT, INC.  
1100 CRESCENT GREEN  
SUITE 109  
CARY NC 27518
- State the term remaining** 1 MONTH
- List the contract number of any government contract** \_\_\_\_\_
- 2.5. **Title of contract** SERVICE AND EQUIPMENT CONTRACT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PHONE SYSTEM FOR GREENVILLE
- Nature of debtor's interest** LESSEE ACCESS POINT, INC.  
1100 CRESCENT GREEN  
SUITE 109  
CARY NC 27518
- State the term remaining** 1 MONTH
- List the contract number of any government contract** \_\_\_\_\_
- 2.6. **Title of contract** SERVICE AND EQUIPMENT CONTRACT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PHONE SYSTEM FOR ALPHARETTA
- Nature of debtor's interest** LESSEE ACCESS POINT, INC.  
1100 CRESCENT GREEN  
SUITE 109  
CARY NC 27518
- State the term remaining** 1 MONTH
- List the contract number of any government contract** \_\_\_\_\_
- 2.7. **Title of contract** SUBLEASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SUBLEASE
- Nature of debtor's interest** LESSOR ADVANTIUM CAPITAL  
545 E. JOHN CARPENTER FREEWAY  
STE 620  
IRVING TX 75062
- State the term remaining** EXPIRING 5/31/2019
- List the contract number of any government contract** \_\_\_\_\_
- 2.8. **Title of contract** LEASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SUB-LEASE OF CHICAGO REGIONAL OFFICE AT 1900 E. GOLF ROAD, SUITE 600
- Nature of debtor's interest** CONTRACT PARTY ALGONQUIN ACQUISITIONS CO,  
INC.  
1900 EAST GOLF ROAD  
SUITE 600  
SCHAUMBURG IL 60173
- State the term remaining** UNKNOWN
- List the contract number of any government contract** \_\_\_\_\_

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

- 2.9. **Title of contract** PHARMACY PRODUCT AND SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PHARMACY PRODUCTS AND SERVICE
- Nature of debtor's interest** CONTRACT PARTY APS - SUMMIT CARE PHARMACY, LLC
- State the term remaining** 8 MONTHS D/B/A OMNICARE OF AUSTIN
- List the contract number of any government contract** \_\_\_\_\_ SUITE 800  
AUSTIN TX 78754
- 2.10. **Title of contract** EQUIPMENT FINANCE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** COPIER LEASE (2) AND FAX LINE KIT (1) AT RIVERSTONE MEMORY CARE, LLC; 2172214
- Nature of debtor's interest** OFFICE EQUIPMENT ASCENTUM CAPITAL, LLC
- State the term remaining** EXPIRED 01/20/19 23970 HWY 59 N
- List the contract number of any government contract** \_\_\_\_\_ KINGWOOD TX 77339
- 2.11. **Title of contract** EQUIPMENT FINANCE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** COPIER LEASE (2) AND FAX LINE KIT (1) AT PEARLAND MEMORY CARE, LLC; 2172547
- Nature of debtor's interest** OFFICE EQUIPMENT ASCENTUM CAPITAL, LLC
- State the term remaining** EXPIRED 01/20/19 23970 HWY 59 N
- List the contract number of any government contract** \_\_\_\_\_ KINGWOOD TX 77339
- 2.12. **Title of contract** MASTER LEASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** COPIER LEASE FOR SOUTH ARLINGTON
- Nature of debtor's interest** LESSEE ASCENTUM CAPITAL, LLC
- State the term remaining** 180 DAYS 23970 HWY 59 N
- List the contract number of any government contract** \_\_\_\_\_ KINGWOOD TX 77339
- 2.13. **Title of contract** MASTER LEASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** COPIER LEASE FOR AUTUMN LEAVES OF GEORGETOWN
- Nature of debtor's interest** LESSEE ASCENTUM CAPITAL, LLC
- State the term remaining** 180 DAYS 23970 HWY 59 N
- List the contract number of any government contract** \_\_\_\_\_ KINGWOOD TX 77339

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

- |       |   |   |   |
|-------|---|---|---|
| 2.14. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | MASTER LEASE AGREEMENT<br>COPIER LEASE FOR AUTUMN LEAVES OF GLEN ELLYN<br>LESSEE<br>180 DAYS<br>_____     | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>ASCENTUM CAPITAL, LLC<br>23970 HWY 59 N<br>KINGWOOD TX 77339 |
| 2.15. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | MASTER LEASE AGREEMENT<br>COPIER LEASE FOR AUTUMN LEAVES OF NW AUSTIN<br>LESSEE<br>180 DAYS<br>_____      | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>ASCENTUM CAPITAL, LLC<br>23970 HWY 59 N<br>KINGWOOD TX 77339 |
| 2.16. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | MASTER LEASE AGREEMENT<br>COPIER LEASE FOR AUTUMN LEAVES OF SW OKLAHOMA<br>LESSEE<br>180 DAYS<br>_____    | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>ASCENTUM CAPITAL, LLC<br>23970 HWY 59 N<br>KINGWOOD TX 77339 |
| 2.17. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | MASTER LEASE AGREEMENT<br>COPIER LEASE FOR AUTUMN OAKS OF CORINTH<br>LESSEE<br>UNKNOWN<br>_____           | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>ASCENTUM CAPITAL, LLC<br>23970 HWY 59 N<br>KINGWOOD TX 77339 |
| 2.18. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | MASTER LEASE AGREEMENT<br>COPIER LEASE FOR AUTUMN LEAVES OF WESTOVER HILLS<br>LESSEE<br>180 DAYS<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>ASCENTUM CAPITAL, LLC<br>23970 HWY 59 N<br>KINGWOOD TX 77339 |

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

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| 2.19. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | MASTER LEASE AGREEMENT<br>COPIER LEASE FOR AUTUMN LEAVES OF GURNEE<br>LESSEE<br>180 DAYS<br>_____            | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>ASCENTUM CAPITAL, LLC<br>23970 HWY 59 N<br>KINGWOOD TX 77339 |
| 2.20. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | MASTER LEASE AGREEMENT<br>COPIER LEASE FOR AUTUMN LEAVES OF MEYERLAND<br>LESSEE<br>UNKNOWN<br>_____          | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>ASCENTUM CAPITAL, LLC<br>23970 HWY 59 N<br>KINGWOOD TX 77339 |
| 2.21. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | MASTER LEASE AGREEMENT<br>COPIER LEASE FOR THE VILLAGE AT VALLEY CREEK/DENTON<br>LESSEE<br>180 DAYS<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>ASCENTUM CAPITAL, LLC<br>23970 HWY 59 N<br>KINGWOOD TX 77339 |
| 2.22. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | MASTER LEASE AGREEMENT<br>COPIER LEASE FOR AUTUMN LEAVES OF THE WOODLANDS<br>LESSEE<br>180 DAYS<br>_____     | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>ASCENTUM CAPITAL, LLC<br>23970 HWY 59 N<br>KINGWOOD TX 77339 |
| 2.23. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | MASTER LEASE AGREEMENT<br>COPIER LEASE FOR AUTUMN LEAVES OF ST. CHARLES<br>LESSEE<br>180 DAYS<br>_____       | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>ASCENTUM CAPITAL, LLC<br>23970 HWY 59 N<br>KINGWOOD TX 77339 |

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| 2.24. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | MASTER LEASE AGREEMENT<br><br>COPIER LEASE FOR AUTUMN LEAVES OF OSWEGO<br><br>LESSEE<br><br>180 DAYS<br><br>_____   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>ASCENTIUM CAPITAL, LLC<br>23970 HWY 59 N<br>KINGWOOD TX 77339 |
| 2.25. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | MASTER LEASE AGREEMENT<br><br>COPIER LEASE FOR AUTUMN LEAVES OF ROCKWALL<br><br>LESSEE<br><br>180 DAYS<br><br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>ASCENTIUM CAPITAL, LLC<br>23970 HWY 59 N<br>KINGWOOD TX 77339 |
| 2.26. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | MASTER LEASE AGREEMENT<br><br>COPIER LEASE AT THE FOSSIL CREEK<br><br>LESSEE<br><br>180 DAYS<br><br>_____           | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>ASCENTIUM CAPITAL, LLC<br>23970 HWY 59 N<br>KINGWOOD TX 77339 |
| 2.27. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | ASSIGNMENT AND ASSUMPTION<br><br>COPIER LEASE ASSUMED FROM HSRE-LSGI 1, LLC<br><br>LESSEE<br><br>_____<br>_____     | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>ASCENTIUM CAPITAL, LLC<br>23970 HWY 59 N<br>KINGWOOD TX 77339 |
| 2.28. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | ASSIGNMENT AND ASSUMPTION AGREEMENT<br><br>COPIER LEASE FOR ORLAND PARK<br><br>LESSEE<br><br>2 MONTHS<br><br>_____  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>ASCENTIUM CAPITAL, LLC<br>23970 HWY 59 N<br>KINGWOOD TX 77339 |

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| 2.29. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | LEASE AGREEMENT<br>CHICAGO REGIONAL OFFICE AT 1900 E. GOLF ROAD, SUITE 600<br>CONTRACT PARTY<br>UNKNOWN<br>_____  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>CENTENNIAL CENTER, LLC<br>1900 EAST GOLF ROAD<br>SUITE 975<br>SCHAUMBURG IL 60173                                  |
| 2.30. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | ADMINISTRATIVE SERVICES ONLY AGREEMENT<br>LIFE INSURANCE ADMINISTRATION; ACT# 3339094<br>CONTRACT PARTY<br>_____<br>_____                                       | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>CIGNA HEALTH & LIFE INSURANCE COMPANY<br>ROUTING B2CAU<br>900 COTTAGE GROVE ROAD<br>HARTFORD CT 06152              |
| 2.31. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | CONTRACT FOR INSPECTION AND SERVICE OF FIRE PROTECTION SYSTEM<br>FIRE PROTECTION SYSTEM SERVICE, REPAIR, AND MONITORING<br>CONTRACT PARTY<br>11 MONTHS<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>CONSOLIDATED FIRE PROTECTION, INC.<br>153 TECHNOLOGY DRIVE<br>SUITE 200<br>IRVINE CA 92618                         |
| 2.32. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | LEASE AGREEMENT<br>COPIER LEASE (3) AT CINCO RANCH MEMORY CARE, LLC; FTC104920<br>OFFICE EQUIPMENT<br>24 MONTHS<br>_____  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>DE LAGE LANDEN FINANCIAL SERVICES, INC.<br>LEASE PROCESSING CENTER<br>1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087 |
| 2.33. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | LEASE AGREEMENT<br>COPIER LEASE (8) AND FAX LINE KIT (2) AT THE LASALLE GROUP, INC.; FTC59818<br>OFFICE EQUIPMENT<br>EXPIRED 04/28/19<br>_____                  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>DE LAGE LANDEN FINANCIAL SERVICES, INC.<br>LEASE PROCESSING CENTER<br>1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087 |

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| 2.34. | <b>Title of contract</b>                                   | LEASE AGREEMENT  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | COPIER LEASE (2) AND FAX LINE KIT (1) AT WEST HOUSTON MEMORY CARE, LLC; FTC75340 |   |
|       | <b>Nature of debtor's interest</b>                         | OFFICE EQUIPMENT   | DE LAGE LANDEN FINANCIAL SERVICES, INC.   |
|       | <b>State the term remaining</b>                            | 3 MONTHS   | LEASE PROCESSING CENTER   |
|       | <b>List the contract number of any government contract</b> | _____  | 1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087  |
|       |  |  |   |
| 2.35. | <b>Title of contract</b>                                   | LEASE AGREEMENT  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | COPIER LEASE FOR EDMOND  |   |
|       | <b>Nature of debtor's interest</b>                         | LESSEE   | DE LAGE LANDEN FINANCIAL SERVICES, INC.   |
|       | <b>State the term remaining</b>                            | 15 MONTHS  | LEASE PROCESSING CENTER   |
|       | <b>List the contract number of any government contract</b> | _____  | 1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087  |
|       |  |  |   |
| 2.36. | <b>Title of contract</b>                                   | LEASE AGREEMENT  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | COPIER LEASE FOR FORT MILL   |   |
|       | <b>Nature of debtor's interest</b>                         | LESSEE   | DE LAGE LANDEN FINANCIAL SERVICES, INC.   |
|       | <b>State the term remaining</b>                            | 13 MONTHS  | LEASE PROCESSING CENTER   |
|       | <b>List the contract number of any government contract</b> | _____  | 1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087  |
|       |  |  |   |
| 2.37. | <b>Title of contract</b>                                   | LEASE AGREEMENT  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | COPIER LEASE FOR SOUTH AUSTIN  |   |
|       | <b>Nature of debtor's interest</b>                         | LESSEE   | DE LAGE LANDEN FINANCIAL SERVICES, INC.   |
|       | <b>State the term remaining</b>                            | 13 MONTHS  | LEASE PROCESSING CENTER   |
|       | <b>List the contract number of any government contract</b> | _____  | 1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087  |
|       |  |  |   |
| 2.38. | <b>Title of contract</b>                                   | LEASE AGREEMENT  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | COPIER LEASE FOR GREENVILLE  |   |
|       | <b>Nature of debtor's interest</b>                         | LESSEE   | DE LAGE LANDEN FINANCIAL SERVICES, INC.   |
|       | <b>State the term remaining</b>                            | 17 MONTHS  | LEASE PROCESSING CENTER   |
|       | <b>List the contract number of any government contract</b> | _____  | 1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087  |



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| 2.39. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | LEASE AGREEMENT<br>COPIER LEASE FOR CITYVIEW<br>LESSEE<br>12 MONTHS<br>_____      | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>DE LAGE LANDEN FINANCIAL SERVICES, INC.<br>LEASE PROCESSING CENTER<br>1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087 |
| 2.40. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | LEASE AGREEMENT<br>COPIER LEASE FOR TULSA<br>LESSEE<br>11 MONTHS<br>_____         | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>DE LAGE LANDEN FINANCIAL SERVICES, INC.<br>LEASE PROCESSING CENTER<br>1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087 |
| 2.41. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | LEASE AGREEMENT<br>COPIER LEASE FOR OVERLAND PARK<br>LESSEE<br>10 MONTHS<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>DE LAGE LANDEN FINANCIAL SERVICES, INC.<br>LEASE PROCESSING CENTER<br>1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087 |
| 2.42. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | LEASE AGREEMENT<br>COPIER LEASE FOR WINWARD<br>LESSEE<br>9 MONTHS<br>_____        | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>DE LAGE LANDEN FINANCIAL SERVICES, INC.<br>LEASE PROCESSING CENTER<br>1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087 |
| 2.43. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | LEASE AGREEMENT<br>COPIER LEASE FOR BOLLINGBROOK<br>LESSEE<br>9 MONTHS<br>_____   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>DE LAGE LANDEN FINANCIAL SERVICES, INC.<br>LEASE PROCESSING CENTER<br>1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087 |

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| 2.44. | <b>Title of contract</b>                                   | LEASE AGREEMENT             | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | COPIER LEASE FOR SUGARLOAF  |   |
|       | <b>Nature of debtor's interest</b>                         | LESSEE                      | DE LAGE LANDEN FINANCIAL SERVICES, INC.   |
|       | <b>State the term remaining</b>                            | 7 MONTHS                    | LEASE PROCESSING CENTER<br>1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087   |
|       | <b>List the contract number of any government contract</b> | _____                       |   |
|       |  |                             |   |
| 2.45. | <b>Title of contract</b>                                   | LEASE AGREEMENT             | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | COPIER LEASE FOR AMARILLO   |   |
|       | <b>Nature of debtor's interest</b>                         | LESSEE                      | DE LAGE LANDEN FINANCIAL SERVICES, INC.   |
|       | <b>State the term remaining</b>                            | 5 MONTHS                    | LEASE PROCESSING CENTER<br>1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087   |
|       | <b>List the contract number of any government contract</b> | _____                       |   |
|       |  |                             |   |
| 2.46. | <b>Title of contract</b>                                   | LEASE AGREEMENT             | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | COPIER LEASE FOR ESTERO     |   |
|       | <b>Nature of debtor's interest</b>                         | LESSEE                      | DE LAGE LANDEN FINANCIAL SERVICES, INC.   |
|       | <b>State the term remaining</b>                            | 4 MONTHS                    | LEASE PROCESSING CENTER<br>1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087   |
|       | <b>List the contract number of any government contract</b> | _____                       |   |
|       |  |                             |   |
| 2.47. | <b>Title of contract</b>                                   | LEASE AGREEMENT             | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | COPIER LEASE FOR CLEAR LAKE |   |
|       | <b>Nature of debtor's interest</b>                         | LESSEE                      | DE LAGE LANDEN FINANCIAL SERVICES, INC.   |
|       | <b>State the term remaining</b>                            | 3 MONTHS                    | LEASE PROCESSING CENTER<br>1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087   |
|       | <b>List the contract number of any government contract</b> | _____                       |   |
|       |  |                             |   |
| 2.48. | <b>Title of contract</b>                                   | LEASE AGREEMENT             | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | COPIER LEASE FOR CARROLLTON |   |
|       | <b>Nature of debtor's interest</b>                         | LESSEE                      | DE LAGE LANDEN FINANCIAL SERVICES, INC.   |
|       | <b>State the term remaining</b>                            | 3 MONTHS                    | LEASE PROCESSING CENTER<br>1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087   |
|       | <b>List the contract number of any government contract</b> | _____                       |   |

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| 2.49. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | LEASE AGREEMENT<br>COPIER LEASE FOR CRYSTAL LAKE<br>LESSEE<br>3 MONTHS<br>_____  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>DE LAGE LANDEN FINANCIAL SERVICES, INC.<br>LEASE PROCESSING CENTER<br>1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087 |
| 2.50. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | LEASE AGREEMENT<br>COPIER LEASE FOR ARLINGTON<br>LESSEE<br>3 MONTHS<br>_____   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>DE LAGE LANDEN FINANCIAL SERVICES, INC.<br>LEASE PROCESSING CENTER<br>1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087 |
| 2.51. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | LEASE AGREEMENT<br>COPIER LEASE FOR ARLINGTON<br>LESSEE<br>3 MONTHS<br>_____   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>DE LAGE LANDEN FINANCIAL SERVICES, INC.<br>LEASE PROCESSING CENTER<br>1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087 |
| 2.52. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | LEASE AGREEMENT<br>COPIER LEASE FOR FLORIDA OFFICE<br>LESSEE<br>3 MONTHS<br>_____  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>DE LAGE LANDEN FINANCIAL SERVICES, INC.<br>LEASE PROCESSING CENTER<br>1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087 |
| 2.53. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | LEASE AGREEMENT<br>COPIER LEASE (2) AND FAX LINE KIT (1) AT WEST HOUSTON MEMORY CARE, LLC<br>LESSEE<br>6 MONTHS<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>DE LAGE LANDEN FINANCIAL SERVICES, INC.<br>LEASE PROCESSING CENTER<br>1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087 |

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| 2.54. | <b>Title of contract</b>                                   | LEASE AGREEMENT  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | COPIER LEASE (8) AND FAX LINE KIT (2) AT THE LASALLE GROUP, INC. |   |
|       | <b>Nature of debtor's interest</b>                         | LESSEE   | DE LAGE LANDEN FINANCIAL SERVICES, INC.   |
|       | <b>State the term remaining</b>                            | 3 MONTHS   | LEASE PROCESSING CENTER<br>1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087   |
|       | <b>List the contract number of any government contract</b> | _____  |   |
|       |  |  |   |
| 2.55. | <b>Title of contract</b>                                   | PRODUCT AND SERVICES SUPPLY AGGREETMENT                          | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | CLEANING AND CHEMICAL SUPPLIES                                   |   |
|       | <b>Nature of debtor's interest</b>                         | LESSEE   | ECOLAB INC.   |
|       | <b>State the term remaining</b>                            | 24 MONTHS  | 1 ECOLAB PLACE<br>ST. PAUL MN 55102   |
|       | <b>List the contract number of any government contract</b> | _____  |   |
|       |  |  |   |
| 2.56. | <b>Title of contract</b>                                   | FIDELITY INVESTMENTS RETIREMENT PLAN SERVIE AGREEMENT            | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | 401(K) PLAN  |   |
|       | <b>Nature of debtor's interest</b>                         | LESSEE   | FIDELITY INVESTMENTS<br>P.O. BOX 770001<br>CINCINNATI OH 75277-001  |
|       | <b>State the term remaining</b>                            | PERPETUAL WITH 60 DAYS NOTICE TO CANCEL                          |   |
|       | <b>List the contract number of any government contract</b> | _____  |   |
|       |  |  |   |
| 2.57. | <b>Title of contract</b>                                   | PLANHOLDER ENROLLMENT AGREEMENT                                  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | DENTAL AND VISION INSURANCE                                      |   |
|       | <b>Nature of debtor's interest</b>                         | LESSEE   | GUARDIAN  |
|       | <b>State the term remaining</b>                            | PERPETUAL  | 14643 DALLAS PARKWAY<br>SUITE 100<br>DALLAS TX 75254  |
|       | <b>List the contract number of any government contract</b> | _____  |   |
|       |  |  |   |
| 2.58. | <b>Title of contract</b>                                   | SOFTWARE MASTER SUBSCRIPTION AGREEMENT                           | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | RECRUITING SOFTWARE  |   |
|       | <b>Nature of debtor's interest</b>                         | LESSEE   | HEALTHCARESOURCE HR, INC.   |
|       | <b>State the term remaining</b>                            | VARIOUS  | 100 SYLVAN ROAD<br>SUITE 100<br>WOBURN MA 01801   |
|       | <b>List the contract number of any government contract</b> | _____  |   |

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

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| 2.59. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | CUSTOMER AGREEMENT FOR CONSTANT CARE MANAGEMENT COMPANY<br>DOCUMENT MANAGEMENT; D9519<br>CONTRACT PARTY<br><hr/> <hr/> | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>IRON MOUNTAIN<br>P.O. BOX 915004<br>DALLAS TX 75391  |
| 2.60. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | PHARMACY PRODUCT AND SERVICES AGREEMENT<br>PHARMACY PRODUCTS AND SERVICE<br>CONTRACT PARTY<br>8 MONTHS<br><hr/>        | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>LANGSAM HEALTH SERVICES, LLC<br>C/B/A OMNICARE OF TULSA<br>5460 SOUTH 103RD EAST AVENUE<br>TULSA OK 74146                    |
| 2.61. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | PHARMACY PRODUCT AND SERVICES AGREEMENT<br>PHARMACY PRODUCTS AND SERVICE<br>CONTRACT PARTY<br>8 MONTHS<br><hr/>        | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>LANGSAM HEALTH SERVICES, LLC<br>D/B/A OMNICARE OF OKLAHOMA CITY<br>4141 HIGHLINE BLVD<br>SUITE 100<br>OKLAHOMA CITY OK 73108 |
| 2.62. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | SERVICE AGREEMENT<br>INTERNET AND VOICE SERVICES; DID-0000666757<br>CONTRACT PARTY<br>20 MONTHS<br><hr/>               | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>LEVEL 3 D/B/A CENTURY LINK<br>PO BOX 910182<br>DENVER CO 80291-0182  |
| 2.63. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | BUSINESS ASSOCIATE AGREEMENT<br>HEALTH AND WELFARE INSURANCE BROKERAGE AGREEMENT<br>LESSEE<br>PERPETUAL<br><hr/>       | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>LOCKTON-DUNNING SERIES OF<br>LOCKTON COMPANIES, LLC<br>2100 ROSS AVENUE<br>SUITE 1200<br>DALLAS TX 75201                     |

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

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| 2.64. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | CLIENT SERVICES AGREEMENT<br>HEALTH PLAN SERVICES<br>LESSEE<br>8 MONTHS<br>_____                                | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>LOCKTON-DUNNING SERIES OF LOCKTON COMPANIES, LLC<br>2100 ROSS AVENUE<br>SUITE 1200<br>DALLAS TX 75201                            |
| 2.65. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | PHARMACY PRODUCT AND SERVICES AGREEMENT<br>PHARMACY PRODUCTS AND SERVICE<br>CONTRACT PARTY<br>8 MONTHS<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>MEDICAL ARTS HEALTH CARE, INC.<br>D/B/A OMNICARE OF ATLANTA<br>594 SIGMAN ROAD<br>SUITE 200<br>CONYERS GA 30013                  |
| 2.66. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | SALES ORDER<br>RECRUITING SERVICES<br>LESSEE<br>7 MONTHS<br>_____   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>MONSTER WORLDWIDE INC.<br>622 THIRD AVENUE<br>39TH FLOOR<br>NEW YORK NY 10017  |
| 2.67. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | SOFTWARE LICENSE AGREEMENT<br>ONEDAY SOFTWARE<br>LESSEE<br>3 MONTHS<br>_____                                    | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>MY LASTIN LEGACY, LLC<br>1101 RAINTREE CIRCLE<br>SUITE 180<br>ALLEN TX 75013   |
| 2.68. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | PHARMACY PRODUCT AND SERVICES AGREEMENT<br>PHARMACY PRODUCTS AND SERVICE<br>CONTRACT PARTY<br>8 MONTHS<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>NEIGHBORCARE PHARMACY SERVICES, INC.<br>D/B/A OMNICARE OF SAN ANTONIO<br>12460 NETWORK BLVD<br>SUITE 101<br>SAN ANTONIO TX 78249 |

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

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| 2.69. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | PHARMACY PRODUCT AND SERVICES AGREEMENT<br>PHARMACY PRODUCTS AND SERVICE<br>CONTRACT PARTY<br>8 MONTHS<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>OMNICARE PHARMACY OF FLORIDA, LP<br>D/B/A OMNICARE OF TAMPA<br>8603 FLORIDA MINING BLVD<br>TAMPA FL 33634                  |
| 2.70. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | PHARMACY PRODUCT AND SERVICES AGREEMENT<br>PHARMACY PRODUCTS AND SERVICE<br>CONTRACT PARTY<br>8 MONTHS<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>OMNICARE PHARMACY OF TEXAS 1, LP<br>D/B/A OMNICARE OF FORT WORTH<br>14450 TRINITY BLVD<br>SUITE 200<br>FORT WORTH TX 76155 |
| 2.71. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | PHARMACY PRODUCT AND SERVICES AGREEMENT<br>PHARMACY PRODUCTS AND SERVICE<br>CONTRACT PARTY<br>8 MONTHS<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>OMNICARE PHARMACY OF TEXAS 1, LP<br>D/B/A OMNICARE OF HOUSTON<br>10650 WEST AIRPORT BLVD<br>SUITE 150<br>STAFFORD TX 77477 |
| 2.72. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | PHARMACY PRODUCT AND SERVICES AGREEMENT<br>PHARMACY PRODUCTS AND SERVICE<br>CONTRACT PARTY<br>8 MONTHS<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>OMNICARE PHARMACY OF TEXAS 2, LP<br>D/B/A OMNICARE OF AMARILLO<br>2770 DUNIVEN CIRCLE<br>AMARILLO TX 79109                 |
| 2.73. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | LEASE AGREEMENT<br>FLORIDA OFFICE AT 125 W. ROMANA STREET, SUITE 215<br>CONTRACT PARTY<br>UNKNOWN<br>_____      | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>ONE PENSACOLA PLAZA, LLC<br>308 E. PEARL STREET<br>SUITE 200<br>JACKSON MS 39201   |

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

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| 2.74. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | MASTER SUBSCRIPTION AGREEMENT<br>ONSHIFT SOFTWARE<br>LESSEE<br>UNKNOWN<br>_____                                 | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>ONSHIFT, INC.<br>1621 EUCLID AVENUE<br>SUITE 1400<br>CLEVELAND OH 44115  |
| 2.75. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | PHARMACY PRODUCT AND SERVICES AGREEMENT<br>PHARMACY PRODUCTS AND SERVICE<br>CONTRACT PARTY<br>8 MONTHS<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>PHARMACY CONSULTANTS, LLC<br>D/B/A OMNICARE OF SPARTANBURG<br>111 CORPORATE DRIVE<br>SUITE L<br>SPARTENBURG SC 29303   |
| 2.76. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | SERVICE AGREEMENT<br>RETIREMENT PLAN SOLUTIONS<br>LESSEE<br>4 MONTHS<br>_____                                   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RETIREMENT PLAN SOLUTIONS<br>A DIVISION OF RMB WEST, LLC<br>RMB CAPITAL MANAGEMENT LLC<br>115 S LASALLE ST., STE 3400<br>CHICAGO IL 60603                    |
| 2.77. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | LEASE AGREEMENT<br>CORPORATE OFFICES AT 545 E. JOHN CARPENTER FREEWAY<br>CONTRACT PARTY<br>15 DAYS<br>_____     | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>ROSEMONT SUMMIT OPERATING, LLC<br>C/O ROMSEMONT SUMMIT<br>PROPERTY MANGEMENT OF TEXAS, LLC<br>545 E. JOHN CARPENTER FREEWAY<br>SUITE 1420<br>IRVING TX 75062 |
| 2.78. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | LEASE AGREEMENT<br>IT EQUIPMENT/SOFTWARE/SUPPORT<br>LESSEE<br>44 MONTHS<br>_____                                | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>SHI INTERNATIONAL CORP<br>LEASE PROCESSING CENTER<br>1111 OLD EAGLE SCHOOL ROAD<br>WAYNE PA 19087  |



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| 2.79. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | SUBLEASE AGREEMENT<br>SUBLEASE<br>LESSOR<br>EXPIRING 5/31/2019<br><hr/>   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>SOUTHPAW LIVE<br>545 E. JOHN CARPENTER FREEWAY<br>STE 670<br>IRVING TX 75062  |
| 2.80. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | SERVICE AGREEMENT<br>MEDICAL WASTE SERVICER FOR AUTUMN LEAVES<br>CONTRACT PARTY<br>11 MONTHS<br><hr/>               | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>STERICYCLE, INC.<br>4010 COMMERCIAL AVENUE<br>NORTHBROOK IL 60062   |
| 2.81. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | INVESTMENT MANAGEMENT AGREEMENT<br>INVESTMENT MANAGER<br>LESSEE<br>PERPETUAL WITH 60 DAYS NOTICE TO CANCEL<br><hr/> | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>STRATEGIC ADVISORS, INC.<br>C/O FIDELITY INVESTMENTS - ECM<br>CLIENT SERVICES RELATIONSHIP<br>MANAGER<br>P.O. BOX 770001<br>CINCINNATI OH 45277 |
| 2.82. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | SALES AGREEMENT<br>SOFTWARE LICENSE<br>LESSEE<br>7 MONTHS<br><hr/>  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>TRIMBLE INC.<br>935 STEWART DRIVE<br>SUNNYVALE CA 94085-3913  |
| 2.83. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | SERVICE AGREEMENT<br>FOOD VENDOR<br>LESSEE<br>PERPETUAL<br><hr/>  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>US FOODS<br>3682 COLLECTIONS CTR DR<br>CHICAGO IL 60693   |

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

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| 2.84. | <b>Title of contract</b>                                   | BUSINESS ASSOCIATE AGREEMENT | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | MEDICAL RECORDS              |   |
|       | <b>Nature of debtor's interest</b>                         | LESSEE                       | US WELLNESS, INC.<br>20400 OBSERVATION DRIVE<br>SUITE 100<br>GERMANTOWN MD 20876  |
|       | <b>State the term remaining</b>                            | UNKNOWN                      |   |
|       | <b>List the contract number of any government contract</b> | _____                        |   |
- 
- |       |  |  |   |
|-------|--|--|---|
| 2.85. | <b>Title of contract</b>                                   | APPLICATION HOSTING AND SOFTWARE LICENSE FOR<br>CONSTANT CARE MANAGEMENT COMPANY | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | SOFTWARE/HOSTING; PIN#100051766  |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY   | YARDI SYSTEMS, INC.<br>430 SOUTH FAIRVIEW AVENUE<br>GOLETA CA 93117   |
|       | <b>State the term remaining</b>                            | 2 MONTHS   |   |
|       | <b>List the contract number of any government contract</b> | _____  |   |

**Fill in this information to identify the case:****Debtor name:** The LaSalle Group, Inc.**United States Bankruptcy Court for the:** Northern District of Texas**Case number (if known):** 19-31484☐ Check if this is an amended filing

Official Form 206H

**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1. AUTUMN LEAVES OF ARLINGTON / ARLINGTON MEMORY CARE LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	NHI REIT OF TX-IL, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2. AUTUMN LEAVES OF BOLLINGBROOK / BOLLINGBROOK MEMORY CARE LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	NHI REIT OF TX-IL, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3. AUTUMN LEAVES OF CRYSTAL LAKE / CRYSTAL LAKE MEMORY CARE LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	NHI REIT OF TX-IL, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.4. AUTUMN LEAVES OF CYPRESSWOOD / CYPRESSWOOD MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	BMO HARRIS	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.5. AUTUMN LEAVES OF ESTERO / ESTERO MEMORY CARE LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	BB&T	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.6. AUTUMN LEAVES OF FORT MILL / FORT MILL MEMORY CARE LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	BB&T	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7. AUTUMN LEAVES OF GREENVILLE / GREENVILLE MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	UNITED COMMUNITY BANK	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.8. AUTUMN LEAVES OF NAPLES / NAPLES MEMORY CARE LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	PLAINSCAPITAL BANK	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.9. AUTUMN LEAVES OF ROCKWALL / ROCKWALL MEMORY CARE LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	NHI REIT OF TX-IL, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.10. AUTUMN LEAVES OF S AUSTIN / S AUSTIN MEMORY CARE LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	PROSPERITY BANK	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.11. AUTUMN LEAVES OF S BARRINGTON / SOUTH BARRINGTON MEMORY CARE LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	NHI REIT OF TX-IL, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.12. AUTUMN LEAVES OF ST CHARLES / ST CHARLES MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	BMO HARRIS	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.13. AUTUMN LEAVES OF STONE OAK / STONE OAK MEMORY CARE LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	FROST BANK	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.14. AUTUMN LEAVES OF SUGARLOAF / SUGARLOAF MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	FROST BANK	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.15. AUTUMN LEAVES OF TULSA / TULSA MEMORY CARE LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	BANK OF THE OZARKS	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.16. AUTUMN LEAVES OF TULSA / TULSA MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	BANK OF THE OZARKS	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.17. AUTUMN LEAVES OF VERNON HILLS / VERNON HILLS MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	BBVA COMPASS	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.18. AUTUMN LEAVES OF WINWARD / WINWARD MEMORY CARE LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	AMERICAN NATIONAL BANK	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.19. CANNON & CANNON, INC MWW DEVELOPMENT, LLC	545 E. JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062	CANNON & CANNON, INC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.20. CAPITAL CENTER LAND CONDO ASSOCIATION INC. NAPLES MEMORY CARE, LLC	545 E. JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062	CAPITAL CENTER LAND CONDO ASSOCIATION INC.	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.21. CHICAGO TITLE INSURANCE COMPANY TOWNE LAKE MEMORY CARE, LLC	545 E. JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062	CHICAGO TITLE INSURANCE COMPANY	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.22. DIXON HUGHES GOODMAN LLP MEMORY CARE FOUNDATION	545 E. JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062	DIXON HUGHES GOODMAN LLP	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.23. FRANKLIN PSH TENANT, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	LANCASTER POLLARD	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.24. GEORGETOWN MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	SIMMONS BANK	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.25. GSI ENGINEERING, INC. MWW DEVELOPMENT, LLC	545 E. JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062	GSI ENGINEERING, INC.	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.26. GURNEE MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	TCF NATIONAL BANK	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.27. ORIGIN BANK MELVIN W WARREN JR	125 W ROMANA ST STE 215 PENSACOLA FL 32502	ORIGIN BANK	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.28. ORIGIN BANK MITCHELL W. WARREN	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	ORIGIN BANK	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.29. ORIGIN BANK WEST HOUSTON MEMORY CARE, LLC	545 E. JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062	ORIGIN BANK	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.30. OSWEGO MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	FROST BANK	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.31. OSWEGO MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	FIRST SECURE BANK OF SUGAR GROVE	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.32. OVERLAND PARK MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	CITIZENS SECURITY BANK	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.33. ROCKWALL REIT TENANT, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	NHI REIT OF TX-IL, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.34. SARASOTA MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	GREAT SOUTHERN BANK	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.35. SHARPS COMPLIANCE, INC. AUTUMN LEAVES OF NW AUSTIN	545 E. JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062	SHARPS COMPLIANCE, INC.	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.36. THE GREATER NAPLES CHAMBER OF COMMERCE AUTUMN LEAVES OF NAPLES	545 E. JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062	THE GREATER NAPLES CHAMBER OF COMMERCE	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.37. TOWNE LAKE MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	BRAND BANK	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.38. TOWNE LAKE MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	RENASANT BANK	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **The LaSalle Group, Inc.**Case number (if known) **19-31484**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.39. VENICE MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	HANCOCK WHITNEY BANK	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.40. WHEELING ASSISTED LIVING, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	TEXAS CAPITAL BANK	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

**Fill in this information to identify the case:****Debtor name:** The LaSalle Group, Inc.**United States Bankruptcy Court for the:** Northern District of Texas**Case number (if known):** 19-31484Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5/30/2019  
MM/DD/YYYY

x /s/ Karen Nicolaou

\_\_\_\_\_  
Signature of individual signing on behalf of debtor

Karen Nicolaou  
Printed name

Chief Restructuring Officer  
Position or relationship to debtor